


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90074 019 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 712111</b><br>1. Entity Name<br><b>SIXTH MOORINGS CONDOMINIUM, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>18555 N.E. 14TH AVENUE<br/>NORTH MIAMI BEACH, FL 33179</b>   |   |   | Mailing Address<br><b>18555 N.E. 14TH AVENUE<br/>NORTH MIAMI BEACH, FL 33179</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State  |  |  |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br><b>59-1204711</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |   |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>OAKES, MARIA A<br/>18555 NE 14 AVE<br/>N MIAMI BEACH, FL 33179</b>  |   |   |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |   |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |   |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |   |   |  |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |  |  |
| TITLE  | DS<br>WASSERMAN, PHYLLIS <input checked="" type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NE 14TH AVE #514  |   | NAME   |  |  |
| STREET ADDRESS   | N MIAMI BCH, FL 33179   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| TITLE  | DS<br>TAGLIAMONTE, HELENE <input type="checkbox"/> Delete           |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NE 14 AVENUE #505   |   | NAME   |  |  |
| STREET ADDRESS   | N. MIAMI BEACH, FL 33179  |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| TITLE  | DP<br>GERALD, GOCH <input type="checkbox"/> Delete                  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NE 14 ST #706   |   | NAME   |  |  |
| STREET ADDRESS   | MIAMI, FL 33179   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| TITLE  | D<br>ACOSTA, TERESA <input type="checkbox"/> Delete                 |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NE 14TH AVENUE, F518  |   | NAME   |  |  |
| STREET ADDRESS   | N MIAMI BEACH, FL 33179   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| TITLE  | DT<br>OAKES, MARIA A <input type="checkbox"/> Delete                |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NORTHEAST 14 AVE  |   | NAME   |  |  |
| STREET ADDRESS   | N MIAMI BCH, FL   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| TITLE  | DV<br>SESSEGO, QUINTO <input type="checkbox"/> Delete               |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | 18555 NE 14 AVE # 620   |   | NAME   |  |  |
| STREET ADDRESS   | NORTH MIAMI BEACH, FL 33179   |   | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |  |  |
| <b>SIGNATURE:</b> <i>Maria Oakes, Treasurer</i>  |   |   | <b>02/02/06</b>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #   |  |  |