

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 016 ****61.25

DOCUMENT # 712111					
1. Entity Name SIXTH MOORINGS CONDOMINIUM, INC.					
Principal Place of Business 18555 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179			Mailing Address 18555 N.E. 14TH AVENUE NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1204711	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OAKES, MARIA A 18555 NE 14 AVE N MIAMI BEACH, FL 33179			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME BARRIENTOS, MARY STREET ADDRESS 18555 N.E. 14TH AVENUE #708 CITY-ST-ZIP N. MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE D. NAME Teresa Acosta STREET ADDRESS 18555 NE 14 AVE # 708 518 CITY-ST-ZIP N. Mia. FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DP NAME GERALD, GOCH STREET ADDRESS 18555 N.E. 14TH AVENUE #706 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE D.S. NAME Emilio Carbone II STREET ADDRESS 18555 NE 14 AVE # 713 CITY-ST-ZIP N. Mia FL 33129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KOBLE, JOHN STREET ADDRESS 18555 N.E. 14TH AVENUE # 702-B CITY-ST-ZIP N MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE President NAME Quinto Sessago STREET ADDRESS 18555 NE 14 AVE # 620 CITY-ST-ZIP N. Mia FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME OAKES, MARIA A STREET ADDRESS 18555 NORTHEAST 14 AVE CITY-ST-ZIP N MIAMI BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME QUIROZ, FERNANDO STREET ADDRESS 18555 N.E. 14TH AVENUE 602-B CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Maria A. Oakes, Treasurer</i> 4/27/08 305-609-0118					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					