

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714251 (6)
1. Corporation Name
SEVENTH MOORINGS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
18601 N.E. 14TH AVE N MIAMI BEACH FL 33179
18601 N.E. 14TH AVE. N MIAMI BEACH FL 33179

3. Date Incorporated or Qualified
03/14/1968

4. FEI Number 59-1261361
Applied For Not Applicable

2. Principal Place of Business
18601 NE 14 AVE N MIAMI BEACH FL

2a. Mailing Address
SAME

5. Certificate of Status Desired \$8.75 Additional Fee Required

21. Suite, Apt. #, etc.

22. City & State 33179

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

24. Zip Country 25. Country 29. Zip Country 30. DDC

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BERLIN, PEARL B
18601 NE 14TH AVE
N MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDMAN, MARGE	1.2 NAME	
STREET ADDRESS	18601 NE 14TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARP, LEON	2.2 NAME	
STREET ADDRESS	18601 NE 14TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V.P.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, PAULA	3.2 NAME	VICE PRESIDENT
STREET ADDRESS	18601 NE 14TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD TRAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, ROSALYN	4.2 NAME	D/TREASURER
STREET ADDRESS	18601 NE 14 AVE 112	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SECRETARY	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, PEARL B	5.2 NAME	D/SECRETARY
STREET ADDRESS	18601 NE 14TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	PRESIDENT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFFREY MINCHES	6.2 NAME	D/PRESIDENT
STREET ADDRESS	18601 NE 14 AVE	6.3 STREET ADDRESS	JEFFREY MINCHES
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	18601 NE 14 AVE N MIAMI BEACH FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosalyn Schlessinger ROSALYN SCHLESINGER TRAS

CPRE037 (10/97)