2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744574 1. Entity Name

THE MOORING CONDOMINIUM ASSOCIATION OF PINE CRES

Molling Addross									
Principal Place of Business		Mailing Address							
400 N.E. 57 COURT T. LAUDERDALE FL 33334		P.O. BOX 39589 FT. LAUDERDALE FL 33339-9589							
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. Principal F	Place of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	\$UILE, API. #, elc.			DO NOT WAITE IN THIS SPACE			_	
City & State		City & State Frequency DM18 FL			E0 40E040E			Applied For Not Applicable	
Zip	Country	37306	Country		5. Certificate	of Status Desired	S8.75 A		
	6. Name and Address of Current				7. Name and	Address of New Reg	stered Agent		
	The State Managers of the same of the	<u></u> ~-	Name	atto 6	0 C N)	MARINE (LIVE)	Tacremen	C ENC	
COLLER, SCOT M				Street Address (P.O. Box Number is Not Acceptable) #200					
	57 STREET				<u></u>	1	011	•	
	ERDALE FL 33334					lang bu			
			City	City FT. Lander DAIR FL FL Zip Code 33306					
. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered	agent, or bot	n, in the state of Florid	а.		
							<u> </u>		
SIGNATURE	Colorano	OBO LARD	ust			φ	1/20/02		
SIGNATURE	Signature, typed or printed name of egistered agent	and title if applicable. (NOTE	: Registered Agent signa	ture requiréd wh	nen reinstating)		DATE		
		1							
	FILE NOW:	9. Election Campaign	Financing	\$5.00	May Be	Make (Check Payable	to	
FEE IS \$61.25 Trust Fund Contribution				Added to			rtment of State		
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0.	OFFICERS AND DI		11.	· · · · · · · · · · · · · · · · · · ·	DITIONS/CH/	ANGES TO OFFICERS			
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TREET ADDRESS	1400 NE 57TH CT		STREET ADDRESS					•	
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AME	BERGMAN, CHRIS		NAME		1400	MG CTIM	Cr # 30	6	
TREET ADDRESS	1400 N.E. 57 COURT #202		STREET ADDRESS CITY-ST-ZIP		750	one car one	C 15 7	$\frac{1}{1}$ 17 φ	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		_	 	<u> </u>		Change		
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IAME	TESTAGROSSA, KELLY		NAME STREET ADDRESS						
STREET ADDRESS SITY - ST - ZIP	1400 NE 57TH CT		CITY-ST-ZIP						
	FT LAUDERDALE FL 33334	TD-6		 -			Chance	Addition	
ITLE	TD IFECT	□ Ø€lete	TITLE NAME				Change	Addition	
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OTRECT ADDRESS OTY-ST-ZIP	1400 NE 57TH CT		CITY-ST-ZIP						
	FT LAUDERDALE FL 33334 _		TITLE	†			☐ Change	☐ Addition	
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TREET ADDRESS			STREET ADDRESS						
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TTLE NAME		L) Delete	NAME				Change		
STREET ADDRESS	Ĭ			1					
			STREET ADDRESS						

12. 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 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:

May 04, 2000 8:00 am Secretary of State 05-04-2000 90167 011 ****61.25