2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State
04-21-2004 90045 037 ****61.25

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DOCUMENT # 744574

1. Entity Name
THE MOORING CONDOMINIUM ASSOCIATION OF PINE CREST, INC.

Principal Place of Business	Mailing Address
2132 E OAKLAND PARK BLVD 2ND FLOOR FT. LAUDERDALE, FL 33306	PO BOX 24627 FORT LAUDERDALE, FL 33307 US

04152004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
1400 NE 57th Court	2771 Treasure Cove Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State: FORT LAUDERDALE, FL
Zip: 33334 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 59-1956137 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERHOUSE, SUZANNE V 2132 E OAKLAND PARK BLVD 2ND FLOOR FT. LAUDERDALE, FL 33306	Name: PAUL SHAPIRO Street Address (P.O. Box Number is Not Acceptable): 2771 Treasure Cove Circle City: FT. LAUDERDALE, FL Zip Code: 33312

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: Paul J. Shapiro 4/15/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PITTS, MARIA 1400 NE 57TH COURT #209 FORT LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERT PULVER 1400 NE 57 CT #102 FT. LAUDERDALE, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEVINE, VERONIKA 1400 NE 57TH COURT #208 FT. LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHRISTOPHER BERGMANN 1400 NE 57 CT # 202 FT. LAUDERDALE, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRETZ, MARTIN 1400 NE 57TH CT #306 FT-LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRIAN FLORENTINO 1400 NE 57 CT #109 FT. LAUDERDALE, FL 33334	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARBARITE, RITA 1400 NE 57 CT UNIT 107 FT LAUDERDALE, FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] President 4-15-04 9548064702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #