

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-06-2007 90040 023 ****61.25

DOCUMENT # 744574 1. Entity Name THE MOORING CONDOMINIUM ASSOCIATION OF PINE CREST, INC.					
Principal Place of Business 1400 NE 57TH COURT FORT LAUDERDALE, FL 33334 US			Mailing Address 2771 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1956137	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHAPIRO, PAUL 2771 TREASURE COVE CIRCLE FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Paul J. Shapiro</i> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)</small>				DATE 4/17/07	
Filing Fee is \$61.25 Due by May 1, 2007				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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>so pre</i> FLORENTINO, BRIAN <input type="checkbox"/> Delete 1400 NE 57 CT #109 FT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> FLORENTINA, BRIAN <input checked="" type="checkbox"/> Delete 1400 NE ST 109 FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete HARRISON, KATHY 1400 NE CT 307 FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DETULLIO, TONY 1400 NE STE 205 FORT LAUDERDALE, FL 33334				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANE CHROMIC <input type="checkbox"/> Delete UNIT 105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES VERDERAMO <input type="checkbox"/> Delete UNIT 107				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition					
VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition					
SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition					
OFFICER <input type="checkbox"/> Change <input type="checkbox"/> Addition					
OFFICER <input type="checkbox"/> Change <input 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					