

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715392

1. Entity Name

THE SHORE VIEW ASSOCIATION, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90312 007 *****61.25

0061610

Principal Place of Business

1819 SHORE DRIVE SOUTH
SOUTH PASADENA FL 33707

Mailing Address

1819 SHORE DRIVE SOUTH
SOUTH PASADENA FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1278151

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

STOUT, HARRY
1819 SHORE DRIVE, SOUTH
SUITE 318
SOUTH PASADENA FL 33707

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME STOUT, HARRY
STREET ADDRESS 1819 SHORE DRIVE SOUTH, #316
CITY-ST-ZIP SOUTH PASADENA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME HERNANDEZ, PAULA
STREET ADDRESS 1819 SHORE DRIVE SOUTH, #103
CITY-ST-ZIP SOUTH PASADENA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME WHITEHOUSE, KEN
STREET ADDRESS 1819 SHORES DR #116
CITY-ST-ZIP SOUTH PASADENA FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME FOARD, RUTH
STREET ADDRESS 1819 SHORE DR S 107
CITY-ST-ZIP SOUTH PASADENA FL ☒ Delete

TITLE SD
NAME CIANCULLI, RON
STREET ADDRESS 1819 SHORE DR S. #105
CITY-ST-ZIP SOUTH PASADENA, FL 33707 ☐ Change ☒ Addition

TITLE TD
NAME HART, BARBARA
STREET ADDRESS 1819 SHORE DR. S. #206
CITY-ST-ZIP SOUTH PASADENA, FL 00000 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara Hart 2/20/2001 727 347-1801