2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90460 024 ****61.25

DOCUMENT # 715392

1. Entity Name
THE SHORE VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1819 SHORE DRIVE SOUTH SOUTH PASADENA FL 33707	1819 SHORE DRIVE SOUTH SOUTH PASADENA FL 33707

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	250 104th AVE Suite, Apt. #, etc.
City & State	City & State TREASURE ISLAND FL
Zip / Country	Zip 33706-4846 / Country USA

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

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

7. Name and Address of New Registered Agent

Name SUE LAMONT
Street Address (P.O. Box Number is Not Acceptable)
250 104th AVENUE
City TREASURE ISLAND FL Zip Code 33706

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 Sue Lamont SUE LAMONT 02/08/03
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 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 STOUT, HARRY 1819 SHORE DRIVE SOUTH, #316 SOUTH PASADENA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HERNANDEZ, PAULA 1819 SHORE DRIVE SOUTH, #103 SOUTH PASADENA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMACC, ROB 1819 SHORE DRIVE S #217 SOUTH PASADENA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HART, BARBARA 1819 SHORE DR.,S. #206 SOUTH PASADENA, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CIANCIULLI, RON 1819 SHORE DR S #105 SAINT PETERSBURG FL 33707	☐ 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

CR2E037 (10/02)

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: Barbara H. Hart SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/03 727 347-1801