

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715393 (5)

1. Corporation Name

SHORE TOWERS BUILDING OF TOWN APARTMENTS SOUTH N
O. 103, INC., A CONDOMINIUM



Principal Place of Business

1868 SHORE DRIVE SOUTH
SOUTH PASADENA FL 33707

Mailing Address

1868 SHORE DRIVE SOUTH
SOUTH PASADENA FL 33707

3. Date Incorporated or Qualified
10/09/1968

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-1292883

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SAMUELS, J. KENNETH
1868 SHORE DRIVE SOUTH, APT. 107
SOUTH PASADENA FL 33707

10. Name and Address of New Registered Agent

81 Name

NORRIS, ANITA

82 Street Address (P.O. Box Number is Not Acceptable)

1868 SHORE DRIVE SOUTH, APT. 506

83

84 City

SOUTH PASADENA

FL

85 Zip Code

33707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ANITA NORRIS, TREASURER

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

(NOTE: Registered Agent signature required when resigning)

MARCH 29, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

☐ DELETE

NAME

CLARKE, PAUL
1868 SHORE DR S #605
SOUTH PASADENA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

DAHMS, DAVID R
1868 SHORE DR S #607
S. PASADENA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

TD

☐ DELETE

NAME

NORRIS, ANITA
1868 SHORE DR S APT. 506
SOUTH PASADENA, FL 0

STREET ADDRESS

CITY - ST - ZIP

TITLE

DS

☐ DELETE

NAME

STEBELTON, AGNES
1868 SHORE DR S. APT311
SOUTH PASADENA, FL 0

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

ECK, ALLENE
1868 SHORE DR S, APT 504
SOUTH PASADENA, FL 00000

STREET ADDRESS

CITY - ST - ZIP

TITLE

DP

☐ DELETE

NAME

TOMASSO, MARIO M.
1868 SHORE DRIVE S. #402
S. PASADENA FL

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

PORTER, FRANK

1.3 STREET ADDRESS

1868 SHORE DR S #102
SOUTH PASADENA FL

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mario M. Tomasso

MARIO M. TOMASSO

MARCH 29, 1996 (813)343-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)