

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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<br><b>1868 SHORE DRIVE SOUTH<br/>SOUTH PASADENA FL 33707</b> | Mailing Address<br><b>1868 SHORE DRIVE SOUTH<br/>SOUTH PASADENA FL 33707-4655</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/09/1968</b> | 3a. Date of Last Report<br><b>04/12/1996</b> |
|--|--|

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b> | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> | 4. FEI Number<br><b>59-1292883</b><br>Applied For<br><input type="checkbox"/> Not Applicable                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |
|   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORRIS, ANITA  
1868 SHORE DRIVE SOUTH, APT 506  
SOUTH PASADENA FL 33707**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |
|----------------------------|--------------------------|---|----------------------|
| TITLE                      | DE                       | 1.1 TITLE   | D                    |
| NAME                       | CLARKE, PAUL             | 1.2 NAME  | PORTER, FRANK R      |
| STREET ADDRESS             | 1868 SHORE DR S #605     | 1.3 STREET ADDRESS                                    | 1868 SHORE DR S #102 |
| CITY-ST-ZIP                | SOUTH PASADENA FL        | 1.4 CITY-ST-ZIP                                       | SOUTH PASADENA FL    |
| TITLE                      | D                        | 2.1 TITLE   |                      |
| NAME                       | DAHMS, DAVID R           | 2.2 NAME  |                      |
| STREET ADDRESS             | 1868 SHORE DR S #607     | 2.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | S. PASEDNA FL            | 2.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | TD                       | 3.1 TITLE   |                      |
| NAME                       | NORRIS, ANITA            | 3.2 NAME  |                      |
| STREET ADDRESS             | 1868 SHORE DR S APT. 506 | 3.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | SOUTH PASADENA, FL 0     | 3.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | DS                       | 4.1 TITLE   |                      |
| NAME                       | STEBELTON, AGNES         | 4.2 NAME  |                      |
| STREET ADDRESS             | 1868 SHORE DR S. APT311  | 4.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | SOUTH PASADENA, FL 0     | 4.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | D                        | 5.1 TITLE   |                      |
| NAME                       | ECK, ALLENE              | 5.2 NAME  |                      |
| STREET ADDRESS             | 1868 SHORE DR S, APT 504 | 5.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | SOUTH PASADENA, FL 00000 | 5.4 CITY-ST-ZIP                                       |                      |
| TITLE                      | DP                       | 6.1 TITLE   |                      |
| NAME                       | TOMASSO, MARIO M.        | 6.2 NAME  |                      |
| STREET ADDRESS             | 1868 SHORE DRIVE S. #402 | 6.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | S. PASEDNA FL            | 6.4 CITY-ST-ZIP                                       |                      |

14. I do 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 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: *Anita Norris* **NORRIS-TREAS** 3-28-97 (813) 343-5335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050353

CR2E037 (9/96)