

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$159 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:05

DOCUMENT # 731652 (4)
1. Corporation Name
SHORE MARINER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
18304 GULF BLVD. 18304 GULF BLVD.
REDINGTON SHORES FLORIDA 33708-8058 REDINGTON SHORES FLORIDA 33708-8058

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/15/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1578813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent
**RAYNOR, PATRICIA F
18304 GULF BLVD #210
REDINGTON SHORES FL 33708**

10. Name and Address of New Registered Agent
81 Name **John A. Williamson**
82 Street Address (P.O. Box Number is Not Acceptable)
401 E. Kennedy Blvd.
83
84 City **Tampa** 85 Zip Code **FL 33602**

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: *[Signature]*
Signature, Title or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reconstituting

Present Board of Directors

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ROBINSON, SANDRA
STREET ADDRESS	18304 GULF BLVD #212
CITY - ST - ZIP	REDINGTON SHORES FL
TITLE	PD
NAME	DWYER, JOSEPH
STREET ADDRESS	18304 GULF BLVD #604
CITY - ST - ZIP	REDINGTON SHORES FL
TITLE	SD
NAME	PAUL, EVELYN
STREET ADDRESS	18304 GULF BLVD #407
CITY - ST - ZIP	REDINGTON SHORES FL
TITLE	TD
NAME	RAYNOR, PATRICIA F
STREET ADDRESS	18304 GULF BLVD #210
CITY - ST - ZIP	REDINGTON SHORES FL
TITLE	VD
NAME	DELL, RALPH
STREET ADDRESS	18304 GULF BLVD #102
CITY - ST - ZIP	REDINGTON SHORES FL
TITLE	D
NAME	ELLIS, OEGIE E
STREET ADDRESS	18304 GULF BLVD #308
CITY - ST - ZIP	REDINGTON SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	DWYER, JOSEPH
1 3 STREET ADDRESS	18304 GULF BLVD #604
1 4 CITY - ST - ZIP	REDINGTON SHORES FL
2 1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	DELL, RALPH
2 3 STREET ADDRESS	18304 GULF BLVD #102
2 4 CITY - ST - ZIP	REDINGTON SHORES FL
3 1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	PAUL, EVELYN
3 3 STREET ADDRESS	18304 GULF BLVD #407
3 4 CITY - ST - ZIP	REDINGTON SHORES FL
4 1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	CHAPKO, JOSEPH
4 3 STREET ADDRESS	18304 GULF BLVD #508
4 4 CITY - ST - ZIP	REDINGTON SHORES FL
5 1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	WATSON, GEORGE
5 3 STREET ADDRESS	18304 GULF BLVD #507
5 4 CITY - ST - ZIP	REDINGTON SHORES FL
6 1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	WILLIAMSON, JOHN
6 3 STREET ADDRESS	18304 GULF BLVD #209
6 4 CITY - ST - ZIP	REDINGTON SHORES FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor under s. 607(3)(b), 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 majority 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Williamson

June 12, 1995 813-393-8137

CR2E037 (3/95)