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FILED  
Feb 16, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-16-1999 90048 009 \*\*\*\*\*61.25

DOCUMENT # 731652

1. Corporation Name

SHORE MARINER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

18304 GULF BLVD.  
REDINGTON SHORES FLORIDA 33708-8058

Mailing Address

18304 GULF BLVD.  
REDINGTON SHORES FLORIDA 33708-8058



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/15/1975

4. FEI Number

59-1578813

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

9. Name and Address of Current Registered Agent

JAMES F KENNEDY  
18304 GULF BLVD 712  
REDINGTON SHORES FL 33708

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.4503, 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]*

1-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
NAME KENNEDY, JAMES  
STREET ADDRESS 18304 GULF BLVD PH-12  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE VPD  DELETE  
NAME RALPH DELL  
STREET ADDRESS 18304 GULF BLVD #102  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE SD  DELETE  
NAME EVELYN PAUL  
STREET ADDRESS 18304 GULF BLVD #407  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE D  DELETE  
NAME LEE HOLMES  
STREET ADDRESS 18304 GULF BLVD #416  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE TD  DELETE  
NAME AL RAVILLE  
STREET ADDRESS 18304 GULF BLVD #119  
CITY-ST-ZIP REDINGTON SHORES FL

TITLE D  DELETE  
NAME EDMONDSON, GEORGE  
STREET ADDRESS 18304 GULF BLVD STE 209  
CITY-ST-ZIP REDINGTON SHORES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

727-398-1467  
Date Daytime Phone #

CR2E037 (1/98)