

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731652

1. Entity Name

SHORE MARINER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90021 029 \*\*\*\*61.25

Principal Place of Business 18304 GULF BLVD. REDINGTON SHORES FLORIDA 33708-8058		Mailing Address 18304 GULF BLVD. REDINGTON SHORES FLORIDA 33708-1018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1578813</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  JAMES F KENNEDY 18304 GULF BLVD 712 REDINGTON SHORES FL 33708		7. Name and Address of New Registered Agent  JOSEPH CONNOR SECRETARY of ASSN 18304 GULF Blvd #610 Redington Shores, FL 33708	
Name		Name	
Street		Street	
City		City	
Zip		Zip Code	

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.

SIGNATURE: Joseph Connor, Secretary DATE: 1/11/00  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	JOSEPH CONNOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JAMES		NAME	18304 GULF BLVD #610	
STREET ADDRESS	18304 GULF BLVD PH-12		STREET ADDRESS	Redington Shores, FL 33708	
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	William Cox	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH DELL		NAME	18304 Gulf Blvd #614	
STREET ADDRESS	18304 GULF BLVD #102		STREET ADDRESS	Redington Shores, FL 33708	
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Patricia Raynor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN PAUL		NAME	18304 Gulf Blvd #210	
STREET ADDRESS	18304 GULF BLVD #407		STREET ADDRESS	Redington Shores, FL 33708	
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Jim Whiting	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE HOLMES		NAME	18304 Gulf Blvd #708	
STREET ADDRESS	18304 GULF BLVD #416		STREET ADDRESS	Redington Shores, FL 33708	
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL RAVILLE		NAME		
STREET ADDRESS	18304 GULF BLVD #119		STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMONDSON, GEORGE		NAME		
STREET ADDRESS	18304 GULF BLVD STE 209		STREET ADDRESS		
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP		

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: Joseph Connor, Secretary DATE: 1/11/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #