## 2001 UNIFORM BUSINESS REPORT (UBI

## DOCUMENT # 731652

1. Entity Name

## SHORE MARINER CONDOMINIUM ASSOCIATION, INC.

## **FILED** Aug 08, 2001 8:00 am Secretary of State

08-08-2001 90004 044 \*\*\*\*61.25

				,,		
Principal Plac	e of Business	Mailing Address	<del></del>	<u>-</u>		
18304 GULF BLVD. REDINGTON SHORES FL 33708		18304 GULF BLVD. REDINGTON SHORES FL 33708				
				I TRANIT TAGAN KINGI TIRKA ANTAL ANTAL ANTAL ANTAL ATAL ANTAL ANTAL ANTAL ANTAL ANTAL ANTAL ANTAL ANTAL ANTAL A		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-1578813 Applied For Not Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current R	egistered Agent	···	7. Name and Address of New Registered Agent		
The first the party of the part			- Name	RALPH DELL		
CONNER, JOSEPH			Street /	Street Address (P.O. Box Number is Not Acceptable)		
	JLF BLVD 712		1.8	3304 GULF BLVD. # 102		
REDINGTON SHORES FL 33708						
			City	REDINGTON SHORES, FL 33908		
8. The above	named entity submits this statement for	the purpose of changing its		or registered agent, or both, in the state of Florida.		
•"			0 .	20		
SIGNATURE!	RALPH DELL	()alp	W Del	July 30, 2001		
	Signature, typed or printed name of registered agent an	d title if applicable. NOTE:	Registered Agent signs	eature required when reinstating)		
	FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be \$23	9. Election Cam Trust Fund Ca		\$5.00 May Be Added to Fees Make Check Payable to Department of State		
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD LOCEDIA	Delete	TITLE	PRESIDENTI DIRECTOR Change Addition		
NAME STREET ADDRESS	CONNOR, JOSEPH 18304 COLF BLVD #610		NAME STREET ADDRESS	RALPH DELL 18304 GOLF BLVD # 102		
CITY-ST-ZIP	REDDINGTON SHORES FL 33708	<u>.</u>	CITY-ST-ZIP	REDINGTON SHORES, FL. 33708		
TITLE	VPD /	Delete	TITLE	DIGENTOR PAddition		
NAME	COX, WILLIAM		NAME	JIM WHITING		
STREET ADDRESS CITY-ST-ZIP	18304 GULF BLVD #614 REDDINGTON SHORES FL 33708		STREET ADDRESS CITY-ST-ZIP	REDINGTON SHORES, FL. 33708		
TITLE ======	SD		TITLE	TURCOTOR MAddition		
NAME	RAYNOR, PATRICIA	- Co - Garage Delete	NAME	RICHARD BARNES 18304 GULF BLVD #314		
STREET ADDRESS	18304 GULF BLVD #210		STREET ADDRESS	18304 GULF BLVD #314		
CITY-ST-ZIP	REDINGTON SHORES FL 33708		CITY-ST-ZIP	REDINGTON SHORES, FL. 33708		
TITLE NAME	D LEE HOLMES	Delete	TITLE ' NAME	PIRECTOR Change MAddition		
STREET ADDRESS	18304 GULF BLVD #416		STREET ADDRESS	1 1 2 3 5 4 G D C C D C V C C C C C C C C C C C C C C		
CITY-ST-ZIP	REDINGTON SHORES FL		CITY-ST-ZIP	REDINGTON SHORES, FI 33708		
TITLE	D SOUCH OFFICE	☐ Delete	TITLE	VICE President / DIRECTOR Y Change Addition		
NAME	EDMONDSON, GEORGE		NAME CARCEL ADDRESS	LEE HOLMES 18304 GULF BLVD # 416		
STREET ADDRESS CITY-ST-ZIP	18304 GULF BLVD STE 209 REDINGTON SHORES FL		STREET ADDRESS CITY-ST-ZIP	REDINGTON SHORES, FL 33708		
TITLE	TILDITOTOT OF OFFICE TE	☐ Delete	TITLE	SECRETARY_		
NAME		m Delete	NAME	SECRETARY Change Addition  SECRETARY CHANGE ADDI		
STREET ADDRESS			STREET ADDRESS	18304 GULF BLVD# 701		
CITY-ST-ZIP			CITY-ST-ZIP	REDINGTON SHORES, Fl. 33708		

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 eath; 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.

(72.7)

SIGNATURE:

\*\*Comparison of 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 in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of the corporation of the receiver of 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 chapter (1) or Block 11 if (1)