


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 002 ****61.25

DOCUMENT # 731652
 1. Entity Name
SHORE MARINER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 18304 GULF BLVD.
 REDINGTON SHORES, FL 33708

Mailing Address
 18304 GULF BLVD.
 REDINGTON SHORES, FL 33708

54000049



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1578813

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELL, RALPH 18304 GULF BLVD #102 #203 REDINGTON SHORES, FL 33708		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ralph Dell* 1/19/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELL, RALPH			NAME			
STREET ADDRESS	18304 GULF BLVD # 102			STREET ADDRESS			
CITY-ST-ZIP	REDDINGTON SHORES, FL 33708			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPAETH, LOUIS			NAME			
STREET ADDRESS	18304 GULF BLVD., #503			STREET ADDRESS			
CITY-ST-ZIP	REDDINGTON SHORES, FL 33708			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONARDI, LEO			NAME			
STREET ADDRESS	18304 GULF BLVD #110			STREET ADDRESS			
CITY-ST-ZIP	REDINGTON SHORES, FL 33708			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHALEN, ROLAND			NAME			
STREET ADDRESS	18304 GULF BLVD. #507			STREET ADDRESS			
CITY-ST-ZIP	REDINGTON SHORES, FL 33708			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			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBER, GARY			NAME			
STREET ADDRESS	18304 GULF BLVD., #315			STREET ADDRESS			
CITY-ST-ZIP	REDINGTON SHORES, FL 33708			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: *Louis P. Spaeth* 1/17/04 727 3922097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer