

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743872 (4)

1. Corporation Name

SHORE HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: SHORHAVEN CONDO ASSOC 18720 GULF BLVD INDIAN SHORES FL
Mailing Address: INDIAN SHORES FL

ATTN: PAT SISKEN APT 2B
18720 GULF BLVD
INDIAN SHORES FL 34635

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18720 GULF BLVD
INDIAN SHORES FL 34635



3. Date Incorporated or Qualified: 08/09/1978
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 18720 Gulf Blvd
22 1 Suite, Apt. #, etc.
23 INDIAN SHORES FL
24 34635 Zip
25 Pittellas Country
26 Same Mailing Address
27 Same Suite, Apt. #, etc.
28 Same City & State
29 Same Zip
30 Same Country

4. FEI Number: 59-2121716
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LEMUS, THOMAS 4615 TENNYSON AVE TAMPA FL 34619
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: *Thomas Bassolino* (Registered Agent), *Thomas Bassolino* (Treasurer), Date: 2/2/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSOLINO, MARY	1.2 NAME	
STREET ADDRESS	1210 ALAMEDA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, JACK	2.2 NAME	
STREET ADDRESS	1102 ALAMEDA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMUS, TOM	3.2 NAME	
STREET ADDRESS	4615 TENNYSON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAGLIONE, J.	4.2 NAME	
STREET ADDRESS	17910 SINGING WOOD PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Thomas Bassolino* (Registered Agent), *Thomas Bassolino* (Treasurer), Date: 2/1/96, Phone: 813-726-2625

CR2E037 (12/95)