

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743872 (4)
 1. Corporation Name
SHORE HAVEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 18720 GULF BLVD. STE 1 INDIAN SHORES FL 34635	Mailing Address 18720 GULF BLVD. STE 1 INDIAN SHORES FL 34635
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1978	3a. Date of Last Report 03/07/1996
4. FEI Number 59-212176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 JACK WEIR 82 Street Address (P.O. Box Number is Not Acceptable) 18720 GULF BLVD 83 Indian Shores FL Unit 1A 84 City FL 85 Zip Code 33785
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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 *John Weir* - Treasurer - *John Weir, Pres. 8/12/97 7/21/97*
 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 NAME STREET ADDRESS CITY-ST-ZIP	TD BASSOLINO, MARY 1210 ALAMEDA AVE CLEARWATER FL 34619 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIR, JACK 1102 ALAMEDA AVE CLEARWATER FL 34619 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMUS, TOM 4615 TENNYSON AVE TAMPA FL 33629 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCAGLIONE, J. 17040 SINGING WOOD PL CLTZ FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	JACK WEIR D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18720 GULF BLVD INDIAN SHORES, FL 33785
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	See <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pat Suskin D 18720 Gulf Blvd Indian Shores FL 33785
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH CANETTA D. 18720 GULF BLVD INDIAN SHORES, FL 33785
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 in an attachment with an address.
 SIGNATURE *John Weir* *John Weir, Pres. 8/12/97*

SIGNATURE *Mary Bassolino* **REQUIRED** *Mary Bassolino 7/21/97*

CR2E037 (4/97)