

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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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3. Date Incorporated or Qualified
08/09/1978

4. FEI Number
59-2121716

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

WEIR, JACK
18720 GULF BLVD
INDIAN SHORES FL 33785

10. Name and Address of New Registered Agent

CORRECTION

81 Name **WEIR, JACK**

82 Street Address (P.O. Bdx Number is Not Acceptable)
18720 GULF BLVD # 1A

83

84 City **INDIAN SHORES** FL 85 Zip Code **33785**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASSOLINO, MARY	
STREET ADDRESS	1210 ALAMEDA AVE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEIR, JACK	
STREET ADDRESS	1102 ALAMEDA AVE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANETTA, JOSEPH	
STREET ADDRESS	18720 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEIR, JACK	
STREET ADDRESS	18720 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SISKIN, PAT	
STREET ADDRESS	18720 GULF BLVD	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARY BETH LOURO	
1.3 STREET ADDRESS	18720 GULF BLVD # 1A	
1.4 CITY-ST-ZIP	INDIAN SHORES, FL 33785	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK FERNANDEZ	
2.3 STREET ADDRESS	6719 AMUNDSON ST.	
2.4 CITY-ST-ZIP	TAMPA FL 33634	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACK WEIR	
4.3 STREET ADDRESS	18720 GULF BLVD # 1A	
4.4 CITY-ST-ZIP	INDIAN SHORES, FL 33785	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAT. SISKIN	
5.3 STREET ADDRESS	18720 GULF BLVD # 2B	
5.4 CITY-ST-ZIP	INDIAN SHORES FL 33785	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 _____

CR2E037 (10/97)