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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743872

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

08/09/1978

4. FEI Number

59-2121716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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  DELETE  
NAME TD  
STREET ADDRESS BASSOLINO, MARY  
1210 ALAMEDA AVE  
CITY-ST-ZIP CLEARWATER FL 34619

TITLE  DELETE  
NAME T  
STREET ADDRESS LOURO, MARY BETH  
18720 GULF BLVD., #7A  
CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE  DELETE  
NAME D  
STREET ADDRESS CANETTA, JOSEPH  
18720 GULF BLVD  
CITY-ST-ZIP INDIAN SHORES FL

TITLE  DELETE  
NAME D  
STREET ADDRESS WEIR, JACK  
18720 GULF BLVD  
CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE  DELETE  
NAME S  
STREET ADDRESS SISKIN, PAT  
18720 GULF BLVD., #2B  
CITY-ST-ZIP INDIAN SHORES FL 33785

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME D  
1.3 STREET ADDRESS FRANK FERNANDEZ  
6719 AMUNDSON ST.  
1.4 CITY-ST-ZIP TAMPA, FL. 33634

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

MARY E. LOURD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/12/99  
Daytime Phone # 596-9571

CR2E037 (11/98)