

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0085979

05-10-2001 90204 037 ****61.25

DOCUMENT # 743872
 1. Entity Name
SHORE HAVEN CONDOMINIUM ASSOCIATION, INC.

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|--|--|
| Principal Place of Business 18720 GULF BLVD. STE 1 INDIAN SHORES FL 34635 | Mailing Address 18720 GULF BLVD. STE 1 INDIAN SHORES FL 34635 |
|--|--|



DO NOT WRITE IN THIS SPACE

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

| | | |
|---|---|---|
| 4. FEI Number 59-2121716 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
WEIR, JACK
18720 GULF BLVD
INDIAN SHORES FL 33785

7. Name and Address of New Registered Agent
 Name: **WARNER, Suzanne C.**
 Street Address (P.O. Box Number is Not Acceptable): **1101 W. Swann Avenue**
 City: **Tampa** FL Zip Code: **33606**

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.

SIGNATURE: Suzanne C. Warner, Esquire (Treasurer) 4-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BASSOLINO, MARY 1210 ALAMEDA AVE CLEARWATER FL 34619 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LOURO, MARY BETH 18720 GULF BLVD., #7A INDIAN SHORES FL 33785 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CANETTA, JOSEPH 18720 GULF BLVD INDIAN SHORES FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEIR, JACK 18720 GULF BLVD INDIAN SHORES FL 33785 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SISKIN, PAT 18720 GULF BLVD., #2B INDIAN SHORES FL 33785 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Bassolino 1210 Alameda Ave Clearwater, FL 34619 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Suzanne C. Warner, Esquire <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1101 W. Swann Avenue Tampa, FL 33606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sue O'Rourke 2253 Norwegian Drive #53 Clearwater, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Suzanne C. Warner, Esquire 4-30-01 (813) 259-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)