


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90054 008 ****61.25

DOCUMENT # 743872				
1. Entity Name SHORE HAVEN CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 18720 GULF BLVD. STE 7A INDIAN SHORES, FL 33785		Mailing Address 10825 SEMINOLE BLVD SUITE # LARGO, FL 33778		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

50009443



01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2121716 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KAPPER, THOMAS W 10825 SEMINOLE BLVD SUITE #1 LARGO, FL 33778				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, BETH		NAME	FINOCCHIO, VINCENT	
STREET ADDRESS	1002 HARBOUR ISLAND BVD #1208		STREET ADDRESS	6541 DRIFTWOOD DR.	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOURO, MARY BETH		NAME	ROMERO, JORGE	
STREET ADDRESS	18720 GULF BLVD., #7A		STREET ADDRESS	4308 W. IDLEWILD	
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANETTA, JOSEPH		NAME		
STREET ADDRESS	18720 GULF BLVD # 2A		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, JACK		NAME		
STREET ADDRESS	18720 GULF BLVD # 1A		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL 33785		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISKIN, PAT		NAME		
STREET ADDRESS	18720 GULF BLVD. 2B		STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES, FL-33785		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAGLIONE, JOSEPH		NAME		
STREET ADDRESS	2224 CLIMBING IVY DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP		

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: *Patricia A. Siskin* 727-397-1192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #