

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90299 034 \*\*\*\*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		03312006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2121716
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 KAPPER, THOMAS W  
 10825 SEMINOLE BLVD  
 SUITE #1  
 LARGO, FL 33778

**7. Name and Address of New Registered Agent**  
 -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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**      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	<i>B D</i> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINOCCHIO, VINCENT	NAME	<i>D</i> Enrique Romero
STREET ADDRESS	6541 DRIFTWOOD DR.	STREET ADDRESS	7154 <sup>th</sup> Quail Hollow Blvd.
CITY-ST-ZIP	HUDSON, FL 34667	CITY-ST-ZIP	Westley Chapel, FL 33544
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, JORGE	NAME	
STREET ADDRESS	4308 W. IDLEWILD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33614	CITY-ST-ZIP	
TITLE	<i>TREASURER</i> <input type="checkbox"/> Delete	TITLE	<i>DT</i> <input checked="" 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	<i>DT</i> <input checked="" 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	<i>PRESIDENT</i> <input type="checkbox"/> Delete	TITLE	<i>DP</i> <input checked="" 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	<i>SECRETARY</i> <input type="checkbox"/> Delete	TITLE	<i>BVP</i> <input checked="" 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 exemptions contained in Chapter 119, 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:** *Thomas W. Kapper*      4/7/06      727-593-3671  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #