

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90139 016 \*\*\*\*61.25

0048360

**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

**18720 GULF BLVD.  
STE 7A  
INDIAN SHORES FL 33785**

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  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOURD, MARY  
18720 GULF BLVD # 7A  
INDIAN SHORES FL 33785**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>D</b> <b>BASSOLINO, MARY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1210 ALAMEDA AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE NAME	<b>T</b> <b>LOURO, MARY BETH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18720 GULF BLVD., #7A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>S</b> <b>CANETTA, JOSEPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18720 GULF BLVD # 2A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>P</b> <b>WEIR, JACK</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18720 GULF BLVD # 1A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>D</b> <b>VESCOVO, JUDY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>18720 GULF BLVD # 4B</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>D</b> <b>SCAGLIONE, JOE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>15209 SHAKER CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>DT</b> <b>WEIR, JACK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>18720 GULF BLVD. #1A</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>DP</b> <b>Siskin, PAT (DP)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>18720 GULF BLVD. 2B</b>	
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>	
TITLE NAME	<b>DVP</b> <b>Scaglione Joe</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>15209 SHAKER CT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **4/15/03 727 516 5849**

CR2E037 (10/02)