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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
03-29-2002 91429 041 ****61.25

DOCUMENT # 743939

1. Entity Name

FLORIDA SHORES CONDOMINIUMS, INC.,

Principal Place of Business	Mailing Address
17740 GULF BLVD. REDINGTON SHORES FL 33708 US	17740 GULF BLVD. REDINGTON SHORES FL 33708 US

32402

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 59-1873714 ☐ 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
CRUMPTON, CHARLES E JR 608 SUPERIOR AVE TAMPA FL 33606	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.

SIGNATURE Chas E Crumpton DATE 3/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BYRD, DON 6901 LANWAY DR TAMPA FL 33637	☒ Delete	President Fred Martensen 8925 Breland Drive Tampa FL 33626	☐ Change ☒ Addition PD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROBERTS, JOANNA 4615 N. LOIS AVE TAMPA FL 33614	☒ Delete	Secretary Barbara Moats 13208 Burnes Lake Drive S Tampa, FL 33612	☐ Change ☒ Addition SD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CRUMPTON, CHARLES E 608 SUPERIOR AVE TAMPA FL 33606	☐ Delete	Treasurer	☒ Change ☐ Addition TD
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Fred Martensen FRED MARTENSEN 1/28/02 (727)738-3472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #