2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 743939

1. Entity Name
FLORIDA SHORES CONDOMINIUMS, INC.,

Principal Place of Business	Mailing Address
17740 GULF BLVD REDINGTON SHORES, FL 33708 US	FLORIDA SHORES CONDO ASSN. 9240 N 52ND ST TAMPA, FL 33617 US

01162006 No Chg-NP CR2E037 (11/05)

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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

CRUMPTON, FRANKIE B
9240 N 52ND ST
TAMPA, FL 33617

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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's 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRUMPTON, CHARLES
STREET ADDRESS	608 SUPERIOR AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SD
NAME	SLAUGHTER, KAREN
STREET ADDRESS	13133 CIMARRON CIRCLE NORTH
CITY-ST-ZIP	LARGO, FL 33774
TITLE	TD
NAME	CRUMPTON, FRANKIE B
STREET ADDRESS	9240 N 52ND ST
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	VD
NAME	MOATS, BARBARA
STREET ADDRESS	13208 BURNES LN DR
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80032-010 61.25

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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: Frankie B. Crumpton 1-17-06 813 988 6528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FRANKIE B. CRUMPTON