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

## DOCUMENT # 743939

1. Entity Name

FLORIDA SHORES CONDOMINIUMS, INC.,



**FILED** Feb 24, 2003 8:00 am Secretary of State
02-24-2003 90968 002 \*\*\*\*61.25



Principal Place of Business					
	Mailing Address				
17740 GULF BLVD. REDINGTON SHORES FL 33708 US	17740 GULF BLVD. REDINGTON SHORES FL 33 US	708			
				700 (())0 (0); 4(6); 6(6); 6(6); 6(6);	E/AII 6189 (E6)
2. Principal Place of Business	3. Mailing Address 8925 Brelas	nd Drive	1 (10) (1 (10) (1 (10) (10) (10) (10) (1		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		СНЕСК	HERE IF MAKING CHANG	ES
City & State	City & State Tampa	FL	4. FEI Number <b>59-1873</b>	714	Applied For Not Applicable
Zip Country	33626	Country (15A	5. Certificate of Status Des	sired   \$8.75 / Fee Requ	Additional ired
6. Name and Address of Curren	it Registered Agent		7. Name and Address of I	New Registered Agent	
CRUMPTON, CHARLES E JR 608 SUPERIOR AVE TAMPA FL 33606	And the second s	8925	(P.O. Box Number is Not Acce	ien prive	
		City	2	FL Zy S	ode o
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its re	egistered office or register	ered agent, or both in the State	of Florida. Lam familiar wit	h and accept
	tensen  Int and title if applicable.  NOTE: F	Registered Agent signatury require	Hnn //31) ad when reinstating)  \$5.00 May Be	DATE  Make Check Payable	
_a_	Trust Fund Cor	ntribution.	Added to Fees F	lorida Department o	State
10. OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	IN 10
TITLE PD MARTENSEN, FRED STREET ADDRESS CITY-ST-ZIP TAMPA FL 33626	☐ Delete	TITLE NAME STREET ADDRESS		Change	Addition
TITLE SD		CITY-ST-ZIP	<del></del>		
. 1	☐ Delete	TITLE			
NAME IMPATS RADRADA .		•		☐ Change	Addition
NAME MOATS, BARBARA STREET ADDRESS 13208 BILDNESS LAKE DRIVE		NAME		☐ Change	Addition
STREET ADDRESS 13208 BURNES LAKE DRIVE		NAME STREET ADDRESS		☐ Change	Addition
STREET ADDRESS 13208 BURNES LAKE DRIVE TAMPA FL 33612		NAME STREET ADDRESS CITY-ST-ZIP			
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am an officer or director changed, or on an attachment with an address, with all other like empowered.