## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 749739**

FILED Apr 26, 2007 Secretary of State

Entity Name: THE SHORES CONDOMINIUM ASSOCIATION OF REDINGTON SHORES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

17710 GULF BLVD

INDIAN ROCKS BEACH, FL 34635 LIS

**Current Mailing Address: New Mailing Address:** 

C/O RESOURCE PROPERTY MGMT 7300 PARK STREET SEMINOLE, FL 33777

US 7300 PARK STREET SEMINOLE, FL 33777 US

FEI Number: 59-2071305 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT 7300 PARK STREET SEMINOLE, FL 33777 US

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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**OFFICERS AND DIRECTORS:** () Delete

KANGARI, AMIR D Name: P.O. BOX 20453 Address:

City-St-Zip: TAMPA, FL 33622 US Title: PD () Delete

SHEAR, STEPHEN PD Name: Address: 2619 W JETTON AVENUE City-St-Zip: TAMPA, FL 33629 US

Title: VPD () Delete OTTLEY, DAWN VPD Name: Address: 17710 GULF BLVD #504

City-St-Zip: REDINGTON BEACH, FL 33708 US

Title: TD ( ) Delete SILENCE, JUDY TD Name: 18219 GRIFFITH ROAD Address: City-St-Zip: LUTZ, FL 33548 US

Title: SD () Delete

MACKEY, CAROL SD Name: 7400 PARK DRIVE Address: City-St-Zip: TAMPA, FL 33610 US (X) Change ( ) Addition

KANGARI, AMIR D Name: Address: P.O. BOX 20453 City-St-Zip: TAMPA, FL 33622 US

Title: (X) Change ( ) Addition

Name: AZZARELLI, CAROLE

Address: 17710 GULF BOULEVARD, #104 City-St-Zip: REDINGTON SHORES, FL 33708 US

Title: PD (X) Change ( ) Addition

OTTLEY, DAWN VPD Name: 17710 GULF BLVD #504 Address:

City-St-Zip: REDINGTON SHORES, FL 33708 US

Title: (X) Change ( ) Addition

Name: SILENCE, JUDY TD Address: 18219 GRIFFITH ROAD City-St-Zip: LUTZ, FL 33548 US

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL FULTON PM04/26/2007