

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750733 (8)

1. Corporation Name

SHORE COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4610 GRAY STREET #106
TAMPA FL 33609
US4610 GRAY STREET #106
TAMPA FL 33609-1969
US3. Date Incorporated or Qualified
01/23/19803a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2088502Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBART, DONALD H
4811 FIG ST 106
TAMPA FL 33609

81 Name

Robert G. Elkins

82 Street Address (P.O. Box Number is Not Acceptable)

4611 Fig St. #106

83

84

City Tampa

FL

85

Zip Code 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

1-22-97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBART, DONALD H	
STREET ADDRESS	4611 FIG ST 106	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ELKINS, ROBERT G	
STREET ADDRESS	4611 FIG ST 106	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUIDA, ANGELO	
STREET ADDRESS	4611 FIG ST 106	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDRETTA, GREGORY R.	
STREET ADDRESS	4611 FIG ST 106	
CITY-ST-ZIP	TAMPA FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, DARLENE ANN	
STREET ADDRESS	4611 FIG ST 106	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Elkins, Robert G.	
1.3 STREET ADDRESS	4610 Gray St. #106	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Darlene Ann Hunt	
2.3 STREET ADDRESS	4610 Gray St. #106	
2.4 CITY-ST-ZIP	Tampa, FL 33609	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Agnes Kiler	
3.3 STREET ADDRESS	4610 Gray St. #106	
3.4 CITY-ST-ZIP	Tampa, FL 33609	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karin A. Thomas	
4.3 STREET ADDRESS	4610 Gray St. #106	
4.4 CITY-ST-ZIP	Tampa, FL 33609	
5.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Angelo Guida	
5.3 STREET ADDRESS	4611 Fig St. #106	
5.4 CITY-ST-ZIP	Tampa, FL 33609	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert G. Elkins 1/22/97 (813) 286-8515

Date

Daytime Phone # 0047631

CR2E037 (9/96)