

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90093 006 *****61.25

DOCUMENT # 750733

1. Entity Name

SHORE COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4610 GRAY STREET #106
 TAMPA FL 33609
 US**

**4610 GRAY STREET #106
 TAMPA FL 33609
 US**

2. Principal Place of Business

3. Mailing Address

10033 9TH STREET No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg FLA

4. FEI Number

59-2088502

Applied For

Not Applicable

Zip

Country

Zip

Country

33716

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

Name

RAMPART PROPERTIES

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

10033 9TH STREET NORTH

City

St Petersburg

FL

Zip Code

33716

**KNOWLTON, HORACE A
 442 W KENNEDY BLVD
 SUITE 280
 TAMPA FL 33609**

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

B. N. J.

01.24.01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	SD	<input checked="" type="checkbox"/> Delete
NAME	HUNT, DARLENE ANN	
STREET ADDRESS	4606 GRAY ST 209	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEAL, ELISA	
STREET ADDRESS	4606 GRAY ST #208	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HICKS, JOHN	
STREET ADDRESS	4610 GRAY ST #109	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLENE ANN HUNT	
STREET ADDRESS	4606 GRAY ST 209	
CITY-ST-ZIP	TAMPA 33609	
TITLE	VIC PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE JENN	
STREET ADDRESS	4610 GRAY ST 210	
CITY-ST-ZIP	TAMPA 33609	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS VALENTI	
STREET ADDRESS	4606 GRAY ST 302	
CITY-ST-ZIP	TAMPA 33609	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSÉ BARRIERO	
STREET ADDRESS	4611 FIC ST 101	
CITY-ST-ZIP	TAMPA 33609	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID BARRERA	
STREET ADDRESS	4606 GRAY ST 101	
CITY-ST-ZIP	TAMPA 33609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Darlene Ann Hunt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/01 727-577-2200

Daytime Phone #

CR2E037 (10/00)