

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90497 032 ****61.25

DOCUMENT # 750733 1. Entity Name SHORE COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4610 GRAY STREET #106 TAMPA, FL 33609 US			Mailing Address 4610 GRAY STREET #106 TAMPA, FL 33609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2088502	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENACRE PROPERTIES, INC. 4131 GUNN HWY TAMPA, FL 33624				Name Robert L. Tankel Street Address (R.O. Box Number is Not Acceptable) 1022 Main Street City Dunedin State FL Zip Code 34698	
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 4/9/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, DARLENE		NAME	Rickard, Renae	
STREET ADDRESS	10033 NINTH STREET NORTH		STREET ADDRESS	4607 Fis Street #202	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ALEXANDER		NAME	Adams, Robin	
STREET ADDRESS	10033 NINTH STREET NORTH		STREET ADDRESS	4610 Gray Street #202	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	Tampa, FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Hunt, Darlene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORSEREN, MARK		NAME	4606 Gray Street #209	
STREET ADDRESS	10033 NINTH STREET NORTH		STREET ADDRESS	Tampa, FL 33609	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONELAN, LIZ		NAME		
STREET ADDRESS	10033 NINTH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDUE, LAURA		NAME		
STREET ADDRESS	10033 NINTH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 337163804		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			RA Robert L Tankel		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/9/04 727 7261901		