## FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # 750733  1. Entity Name SHORE COLONY CONDOMINIUM ASSOCIATION, INC.				03-1	28-2005 90063 023	3 ****61.2	:5	
Principal Place of Business         Mailing Address           4610 GRAY STREET #106         4610 GRAY STREET #106					1001000#			
TAMPA, FL 33609 US TAMPA, FL 33609 US				i 1881   1882   1111	, e e e e e e e e e e e e e e e e e e e	ı Bibil Biğil Birili	51 B: 18s;	
Principal Place of Business     3. Mailing Addre     6 PFFWAI			4 /14 4					
		Suite, Apt. #, etc. 4131 GUNN HOW	Suite, Apt. #, etc. 131 BUNN HWY		02102005 Chg-NP CR2E037 (10/03)			
City & State		City & State TAMPA  F	AMPA PL				lied For Applicable	
330		<u> </u>	018 HILLSBURDUNH					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
TANKEL, ROBERT L 1022 MAIN STREET				Street Address (P.O. Box Number is Not Acceptable)				
DUNEDIN, FL 34698								
			City		FL	Zip Code		
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: Registered Agent segnature required when reinstating)  OATE								
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2005 Trust Fund Contribu				\$5.00 May Be Added to Fees	Make checi Florida Depar	c payable to tment of Sta		
10.	OFFICERS AND DIF		11.	<del></del>	S TO OFFICERS AND DI	<del></del>		
TITLE	PD PS-VAS	Delete	TITLE	COWARD HA	NNEY,	Change '	Addition	
NAME STREET ADDRESS	RICKARD, RENAE 4607 FIG STREET #208		NAME STREET ADDRESS	4610 GRAY	H #203		•	
City-SI-Zip	TAMPA, FL 33609		CITY-ST-ZIP	TOMOR FL	- 33609		. 1	
TITLE	VPD	<b>⊠</b> Delete	TITLE	VPD	1 100	► Change \	Addition	
NAME	ADAMS, ROBERT	·	NAME	ALEXANDER P	HILLIPS		1/2	
STREET ADDRESS	4610 GLAY STREET #202 TAMPA, FL 33609		STREET ADDRESS CITY-ST-ZIP	461Q GRAY	H # 110	<del>,</del>		
CITY+ST-ZIP	TD 33009	Driete	TITLE	To Tampa	-6 3300	Change .	Nation	
TITLE NAME	HUNT, DARLENE	<b>W</b> .0(16)6	NAME	BETTY BROO		TOD Secules .	14	
STREET ADDRESS	4606 GRAY STREET #209		211122111051000		211621		ļ	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa, Fr	33609	707 05		
TITLE NAME		☐ Delete	TITLE S	ANDREA GILA	MARTIN	Change	Addition	
STREET ADDRESS			STREET ADDRESS	4606 GRAY G		לי		
CITY-ST-ZIP			CITY+ST-ZIP	Tampa Fe	33609			
TITLE		☐ Delete	THILE	2 11	aleati	Change	Addition	
NAME OZOSEZ ADDOSES			NAME STREET ADDRESS 4	Marces V	S+ #302	_	ļ	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Miss Au Fl	33609		l	
TITLE		☐ Delete	TITLE	100110 Pie	<i></i>	Change	☐ Addition	
NAME			NAME		v.			
STREET ADDRESS CATY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			
	<u> </u>	<del></del>		11. 5 440.07/01/7. 51				
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 trystee 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 alternment with an address, with all other like empowered.								