

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90014 012 \*\*\*\*61.25

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|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # 750733</b><br>1. Entity Name<br>SHORE COLONY CONDOMINIUM ASSOCIATION, INC.   |   |   |   |  |  |
| Principal Place of Business<br>4610 GRAY STREET #106<br>TAMPA, FL 33609 US   |   |   | Mailing Address<br>GREENACRE PROPERTIES, INC<br>4131 GUNN HWY<br>TAMPA, FL 33618 US   |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State   |   | City & State  |   |  |  |
| Zip  | Country   | Zip   | Country   | 01142006 Chg-NP CR2E037 (11/05)                                |  |
| 4. FEI Number<br>59-2088502  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | \$8.75 Additional<br>Fee Required                              |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent   |  |  |
| TANKEL, ROBERT L<br>1022 MAIN STREET<br>DUNEDIN, FL 34698  |   |   | Name <b>FRANK FRISCIA ESQ - FRISCI</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>500 N. WESTSHORE BLVD STE 830</b><br><b>TAMPA</b><br>City <b>FL</b> Zip Code <b>33609-1990</b> |  |  |
| 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 <i>Rena Rickard</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HANNEY, EDWARD<br>4610 GRAY ST #203<br>TAMPA, FL 33609        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>RICKARD, RENAE<br>4607 FIG ST #203<br>TAMPA, FL 33609    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>PHILLIPS, ALEXANDER<br>4610 GRAY ST, #110<br>TAMPA, FL 33609 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | → Same   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BROOKS, BETTY<br>4610 GRAY ST, #101<br>TAMPA, FL 33609        | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>LETO, Loretta<br>4607 FIG ST #207<br>TAMPA, FL 33609     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GUMARTIN, ANDREA<br>4610 GRAY ST, #309<br>TAMPA, FL 33609     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HUNT, DARLENE A.<br>4606 GRAY ST #209<br>TAMPA, FL 33609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VALENTI, FRANCES<br>4610 GRAY ST, #302<br>TAMPA, FL 33609      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WIESEN FELD, JACK<br>4607 FIG ST #301<br>TAMPA, FL 33609  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Rena Rickard</i> <span style="float: right;">2/9/06</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   |   |  |  |