


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 027 ****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 GREENACRE PROPERTIES, INC 4131 GUNN HWY TAMPA, FL 33618 US
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60034148



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2088502	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRISCIA, ESQ, FRANK 500 N. WESTSHORE BLVD. STE 830 TAMPA, FL 33609-1990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP VALENTE, HENRY 4606 W. GRAY ST. #302 TAMPA, FL 33609	<input type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
NAME STREET ADDRESS CITY - ST - ZIP PHILLIPS, ALEXANDER 4610 GRAY ST. #110 TAMPA, FL 33609	<input type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
NAME STREET ADDRESS CITY - ST - ZIP LETO, LORETTA 4607 FIG ST #207 TAMPA, FL 33609	<input checked="" type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP TD MATTHEW OTTO 4611 W. FIG ST, #102 TAMPA, FL 33609	<input checked="" type="checkbox"/>
NAME STREET ADDRESS CITY - ST - ZIP HUNT, DARLENE A 4606 GRAY ST. #209 TAMPA, FL 33609	<input type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
NAME STREET ADDRESS CITY - ST - ZIP WIESENFELD, JACK 4607 FIG ST. #301 TAMPA, FL 33609	<input type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>
NAME STREET ADDRESS CITY - ST - ZIP VALENTI, HENRY 4606 W. GRAY #302 TAMPA, FL 33609	<input checked="" type="checkbox"/>	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/>

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: Alexander Phillips 4/28/08 (813) 382-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #