

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# N06000007767

Entity Name: SHORECREST TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 BISCAYNE BLVD, SUITE 304  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

7300 BISCAYNE BLVD, SUITE 304  
MIAMI, FL 33138

**New Mailing Address:**

FEI Number: 20-8474923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TEMPKINS, ALAN A ESQ.  
605 LINCOLN ROAD, SUITE 301  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ACASO, ALEJANDRO  
Address: 7300 BISCAYNE BLVD, SUITE 304  
City-St-Zip: MIAMI, FL 33138

Title: DVP      ( ) Delete  
Name: STERN, GRANT  
Address: 7300 BISCAYNE BLVD, SUITE 304  
City-St-Zip: MIAMI, FL 33138

Title: DT      ( ) Delete  
Name: CAPANO, ANTHONY  
Address: 7300 BISCAYNE BLVD, SUITE 304  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO ACASO

DP

02/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date