2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBB)

DOCUMENT # N22129



FILED Mar 03, 2003 8:00 am § Secretary of State

1. Entity Na	SHORES HOMEOWNERS A	SSOCIATION, INC.)3-03-2003 908	=	.25
Principal Place of Business 16834 LECLARE SHORES DRIVE TAMPA FL 33624		Mailing Address 4131 GUNN HWY TAMPA FL 33624						
2. Principal	Place of Business	3. Mailing Address	<u> </u>					
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State Temple Terrace, FL.			4. FEI Number 59-2777340 Applied For			
Zip	Country	Tample Terra	Country	•	. Certificate of St	· · · · · · · · · · · · · · · · · · ·	\$8.75 Ad	
	6. Name and Address of Current	J	V	7.	Name and Add	ress of New Regis	Fee Require	∌ d
GREENA	SHARMAN CRE PROPERTIES INC INN HWY FL 33624			Address (P.O.	Box Number is N		FL Zip Coo	de 2 7
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 9. Election Carm. Trust Fund Co.		ature required when	reinstating) .00 May Be led to Fees	Make C	DATE Check Payable epartment of S	
10.	OFFICERS AND DIF	RECTORS	11.	ADD	ITIONS/CHANCE		•	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, LAURA 16825 STANZA CT TAMPA FL 33624	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 77 7	Haidt Lectore St Le CL. 3	es to officers at Hore & Dr. 3624	ND DIRECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOCKE, LLEWELLYN 16861 LE CLARE SHORES DR TAMPA FL 33624	☐ Delete	TITLE *NAME - "> STREET ADDRESS CITY-ST-ZIP	TO			⊘ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WIATRAK, MICHAEL 16842 LECLARE SHORES DR TAMPA FL 33624	Led Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 Carolin 5133 Tamp	e Aniels corvette D Da, FL, 3	r. 3624	☐ Change	Addition
TITLE NAME Street Address City-St-Zip	TD EVANS, WILLIE 16852 LECLARE SHORES DR TAMPA FL 33624	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL, LYNN 5208 CORVETTE DR TAMPA FL 33624	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD			I Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				A hange	Addition
12. I hereby of indicated of the corr	ertify that the information supplied with on this report or supplemental report is portation or the receiver or trustee empoy	his filing does not qualify for thrue and accurate and that my	ne exemption stat signature shall h	ted in Section ave the same	119.07(3)(i), Flor legal effect as if	ida Statutes. I furthe made under oath; th	er certify that the in	formation or director

SIGNATURE: