

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715393

**Entity Name:** SHORE TOWERS BUILDING OF TOWN APARTMENTS SOUTH  
NO. 103, INC.

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**7444495580CC**

**Current Principal Place of Business:**

7300 PARK STREET  
SEMINOLE, FL 33777

**Current Mailing Address:**

C/O RESOURCE PROPERTY MGMT.  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**FEI Number: 59-1292883**

**Certificate of Status Desired: No**

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

LANG & RAFFA P.A.  
5001 4TH STREET N  
SUITE A  
ST. PETERSBURG, FL 33703 US

*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: NICHOLAS F. LANG**

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WALKER, RONALD  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            VP  
Name            MCALEES, MARK  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            SECRETARY  
Name            MITCHELL, KATHIE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            LOUGHEAD, PATRICIA  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            BOSSERT, KARL  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            TREASURER  
Name            BROWN, DEBBIE  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

Title            DIRECTOR  
Name            MCCOY, VICTORIA  
Address        7300 PARK STREET  
City-State-Zip: SEMINOLE FL 33777

*I hereby 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 all other like empowered.*

**SIGNATURE: WALKER , RONALD**

**PRESIDENT**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date