### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 731652** 

Entity Name: SHORE MARINER CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 06, 2023 **Secretary of State** 7246175334CC

# **Current Principal Place of Business:**

24701 US HIGHWAY 19 N

SUITE 102

CLEARWATER, FL 33763

### **Current Mailing Address:**

24701 US HIGHWAY 19 N **SUITE 102** 

CLEARWATER, FL 33763 US

FEI Number: 59-1578813 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LOVETERE, JULIE 24701 US HIGHWAY 19 N SUITE 102 CLEARWATER, FL 33763 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: JULIE LOVETERE 02/06/2023

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title Title DIRECTOR

Name KELLY, BILL Name WILSON, DENNIS

24701 US HIGHWAY 19 N 24701 US HIGHWAY 19 N Address Address SUITE 102

**SUITE 102** 

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

Title VICE PRESIDENT Title TD

Name CRESS, JOHN Name PEARL, MIKE

Address 24701 US HIGHWAY 19 N Address 24701 US HIGHWAY 19 N

> SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

Title SD Title DIR

RAMIREZ, BARBARA ZAK, WILLIAM Name Name

24701 US HIGHWAY 19 N 24701 US HIGHWAY 19 N Address Address

SUITE 102 SUITE 102

City-State-Zip: CLEARWATER FL 33763 City-State-Zip: CLEARWATER FL 33763

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.