

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750733

Entity Name: SHORE COLONY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE
5523 W CYPRESS ST SUITE 102
TAMPA, FL 33607**Current Mailing Address:**C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US**FEI Number:** 59-2088502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OTTO, MATTHEW
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	TREASURER
Name	HUNT, DARLENE ANN
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	RIVERA, MONICA
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	SECRETARY
Name	MARTINEZ, REBECCA LYNN
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	VP
Name	SMITH, CELESTINO
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

Title	DIRECTOR
Name	KEHLER, CLAUDE BERNARD
Address	C/O REALMANAGE 5523 W CYPRESS ST SUITE 102
City-State-Zip:	TAMPA FL 33607

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: MATTHEW OTTO**PRESIDENT****03/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date