

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 712259 (1)
1. Corporation Name
SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.

Principal Place of Business Mailing Address
1893 SHORE DRIVE SOUTH S. PASADENA, FL 33707

3. Date Incorporated or Qualified **02/15/1967** 3a. Date of Last Report

| | | | |
|---------------------------------|----------------------------------|---|---------------------------------------|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 22. Suite, Apt. #, etc. | 26. 113 S. MACDILL AVE #B | 59-1285579 | Not Applicable |
| 23. City & State | 27. 40 KI H. CHOI, CPA | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Zip | 28. TAMPA, FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 25. Country | 29. 33609 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 30. Hillsborough | | | |

9. Name and Address of Current Registered Agent
MIGA, HELEN
1893 SHORE DRIVE S. #109
South Pasadena, FL 33707

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WHALEN, HENRY | |
| STREET ADDRESS | 1893 SHORE DR. S. #205 | |
| CITY-ST-ZIP | S. PASADENA, FL 33707 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | RILEY, ROLAND | |
| STREET ADDRESS | #314 | |
| CITY-ST-ZIP | " | |
| TITLE | td | <input type="checkbox"/> DELETE |
| NAME | MIGA, HELEN | |
| STREET ADDRESS | #109 | |
| CITY-ST-ZIP | " | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | BROWN, ANNE | |
| STREET ADDRESS | #302 | |
| CITY-ST-ZIP | " | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CHAPMAN, JOSEPH | |
| STREET ADDRESS | #216 | |
| CITY-ST-ZIP | " | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCGOURTY, ROBERT | |
| STREET ADDRESS | #307 | |
| CITY-ST-ZIP | " | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | 000002127750 |
| 13 STREET ADDRESS | -03/28/97--01128--000 043 |
| 14 CITY-ST-ZIP | ***70.00 |
| 21 TITLE | VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | CREAMER, MARGARET |
| 23 STREET ADDRESS | 1893 Shore Dr. So. #204 |
| 24 CITY-ST-ZIP | S. Pasadena, Fl 33707 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | Chapman, MARY #216 |
| 43 STREET ADDRESS | " |
| 44 CITY-ST-ZIP | " |
| 51 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Longpre, Roland |
| 53 STREET ADDRESS | " #111 |
| 54 CITY-ST-ZIP | " |
| 61 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | MORRIS, SYLVIA |
| 63 STREET ADDRESS | " #214 |
| 64 CITY-ST-ZIP | " |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Henry F. Whalen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry F. Whalen

Date: **3/2/97** (813)
Daytime Phone #: **345-1647**

CR2E037 (9/96)