



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 030 ****61.25

DOCUMENT # 712259						
1. Entity Name SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.						
Principal Place of Business -1893 SHORE DRIVE SOUTH S. PASADENA, FL 33707-4752		Mailing Address 250 140TH AVENUE TREASURE ISLAND, FL 33706-4846				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	02222005	Chg-NP	CR2E037 (10/03)
4. FEI Number 59-1285579				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
MIGA, HELEN 1893 SHORE DR S #109 S. PASADENA, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAKALA, DOTY		NAME			
STREET ADDRESS	1893 SHORE DR DOUTH 204		STREET ADDRESS			
CITY-ST-ZIP	S PASADENA, FL 33707		CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WHALEN, HANK		NAME			
STREET ADDRESS	1893 SHORE DR S 205		STREET ADDRESS			
CITY-ST-ZIP	S. PASADENA, FL 33707		CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MIGA, HELEN		NAME			
STREET ADDRESS	1893 SHORE DR., SOUTH #109		STREET ADDRESS			
CITY-ST-ZIP	S. PASADENA, FL 33707		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I 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 report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Helen Miga</u>			Date: <u>4/15/05</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			