

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 713473 (7)  
1. Corporation Name  
SHORE MANOR BUILDING OF TOWN APARTMENTS SOUTH NO  
.102, INC.(A CONDOMINIUM)

Principal Place of Business Mailing Address  
1898 SHORE DR. SO.  
SOUTH PASADENA FL 33707 9190 OAKHURST ROAD SUITE 2  
SEMINOLE FL 34646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1967 3a. Date of Last Report 04/28/1994  
4. FEI Number 59-2592112 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 5901 SUN BLVD 26 5901 SUN BLVD  
Suite, Apt. #, etc. SUITE 203 Suite, Apt. #, etc. SUITE 203  
22 27  
City & State ST. PETERSBURG, FL City & State ST. PETERSBURG, FL  
23  
Zip 33715 Country PINELLAS Zip 33715 Country PINELLAS  
24 25 29 30

9. Name and Address of Current Registered Agent  
KERCHEVAL, RUBY J  
1898 SHORE DR S., # 207  
S. PASADENA FL 33707

10. Name and Address of New Registered Agent  
81 Name NEWTON, WILLIAM C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5901 SUN BLVD., SUITE 203  
84 City ST. PETERSBURG FL 85 33715

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMMEN, ED
STREET ADDRESS	1898 SHORE DRIVE S. #208
CITY - ST - ZIP	S. PASADENA FL
TITLE	VPD
NAME	PETERSON, ELROY
STREET ADDRESS	1898 SHORE DRIVE S., #212
CITY - ST - ZIP	S. PASADENA FL
TITLE	TD
NAME	KERCHEVAL, RUBY
STREET ADDRESS	1898 SHORE DR S 207
CITY - ST - ZIP	S PASADENA FL 33707
TITLE	D
NAME	CHURCHMAN, JUDITH
STREET ADDRESS	1898 SHORE DRIVE S. #210
CITY - ST - ZIP	S. PASADENA FL
TITLE	D
NAME	GILES, DON
STREET ADDRESS	1898 SHORE DRIVE S., # 118
CITY - ST - ZIP	S PASADENA FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	5901 Sun Blvd., #203
14 CITY - ST - ZIP	St. Petersburg, FL 33715
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	5901 Sun Blvd., #203
24 CITY - ST - ZIP	St. Petersburg, FL 33715
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	T/D
33 STREET ADDRESS	PETELLE, ED
34 CITY - ST - ZIP	5901 Sun Blvd., #203 St. Petersburg, FL 33715
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S/D
43 STREET ADDRESS	SMITH, JILL
44 CITY - ST - ZIP	5901 Sun Blvd., #203 St. Petersburg, FL 33715
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	CONVERY, FRANK
54 CITY - ST - ZIP	5901 Sun Blvd., #203 St. Petersburg, FL 33715
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	GREEN, JESSIE
64 CITY - ST - ZIP	5901 Sun Blvd., #203 St. Petersburg, FL 33715

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *[Signature]* *TRANSURER* 4-12-95  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #