

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 713473

1. Entity Name
**SHORE MANOR BUILDING OF TOWN APARTMENTS
SOUTH NO. 102, INC. (A CONDOMINIUM)**



Principal Place of Business	Mailing Address
6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 33781 US	6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 33781 US

DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2592112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELITE ASSOCIATION MGMT
6251 PARK BLVD
SUITE 8
PINELLAS PARK, FL 33781**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULSEN, FRED 1898 SHORE DR SOUTH SUITE 307 S. PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLES, DON 1898 SHORE DR SOUTH SUITE 118 SOUTH PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, BENSON 1898 SHORE DR SOUTH SUITE 214 ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERTY, RAYMOND 1898 SHORE DR S, # 114 ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIAPPONE, CHARLES 1898 SHORE DR S, # 106 S PASADENA, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80056-021 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Frederick Paulsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07 727-548-9688
Date Daytime Phone #