

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90071 038 \*\*\*\*61.25



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

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

Mailing Address  
 6251 PARK BLVD  
 SUITE 8  
 PINELLAS PARK, FL 33781 US

2. Principal Place of Business - No P.O. Box #  
 1125 W. Monroe  
 Suite, Apt. #, etc.  
 Circle N.

3. Mailing Address  
 1125 W. Monroe  
 Suite, Apt. #, etc.  
 Circle N.

City & State  
 St. Petersburg, FL

City & State  
 St. Petersburg, FL

Zip  
 33703

Country  
 USA

Zip  
 33703

Country  
 USA



01072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
 ELITE ASSOCIATION MGMT  
 6251 PARK BLVD  
 SUITE 8  
 PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent  
 Name  
 Carrie Ray  
 Street Address (P.O. Box Number is Not Acceptable)  
 1125 W. Monroe Circle N.  
 City  
 St. Petersburg FL Zip Code  
 33703

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 *Carrie Ray* 1-17-08  
 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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE: *Carrie Ray* 1-17-08 727-547-9698  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #