2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					Secret	ary oi		ite –
DOCUMENT # 713473 1. Entity Name SHORE MANOR BUILDING OF TOWN APARTMENTS SOUTH NO.102, INC.(A CONDOMINIUM)						8 90071 038		
Principal Place 6251 PARK I SUITE 8 PINELLAS PA		Mailing Address 6251 PARK BLVD SUITE 8 PINELLAS PARK, FL 337	781 US					
112:	lace of Business - No P.O. Box #	3. Mailing Address	baroe					
	ircle N.	Suite, Apt. #, etc.	N.	01072008	Chg-NP	CR2E037	· , , ,	
City & State	etersburg. Fl		ersburg	4. FEI Numb 59-259		<u> </u>	No	plied For t Applicable
^{Zip} 337	03 USA	35703	Country ULSA		of Status Desire	ч ь Fe	8.75 Add ee Required	
6. Name and Address of Current Registered Agent Name				7. Name and	Address of New	v Registered Ag	ent	
ELITE ASS 6251 PARI SUITE 8	SOCIATION MGMT K BLVD			idress (P.O. Box Numb			re.le	N.
	PARK, FL .33781							
	•		City		_/	, FL	Zip Code	203
8. The above	named entity submits this statement for the	he purpose of changing its re	egistered office or r	registered agent, or bo	th, in the State of		miliar with,	and accept
8. The above the obligat	named entity submits this statement for the	the purpose of changing its re	egistered office or r	registered agent, or bo	th, in the State of		miliar with,	and accept
8. The above the obligate	ions of registered agent.	Lay			th, in the State of	Florida. I am far	miliar with,	
the obligat	named entity submits this statement for the ions of registered agent. Signature, typed or printed name of registered agent and	Lay		registered agent, or bo	th, in the State of	Florida. I am far		
the obligat	ions of registered agent.	Lay	Registered Agent signaturi Daign Financing		le l	Florida. I am far	7-6	08
the obligat	Signeture, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Camp Trust Fund Cor	Registered Agent signaturi Daign Financing	re required when reinstating) \$5.00 May B Added to Fees	le F	Florida. I am far DATE Make check p	7-6	o &
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12. I hereby certify that the information supplied with this filing does not qualify fer the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied entail proof 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 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 true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment yields and other than the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of the corporation of the receiver of the proof of

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08 727-547-9698