

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715392

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE SHORE VIEW ASSOCIATION, INC.

Current Principal Place of Business:

1819 SHORE DRIVE SOUTH
SOUTH PASADENA, FL 33707

New Principal Place of Business:

Current Mailing Address:

LAMONT MANAGEMENT
250 104TH AVE
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-1278151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WHITE, BILL
Address: 1819 SHORE DR S 110
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: VPD () Delete
Name: DELLERA, STEVE
Address: 1819 SHORE DR S, # 214
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: PD () Delete
Name: ERIKSON, SANDRA
Address: 1819 SHORE DR. S., #217
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: TD () Delete
Name: TIDWELL, NANCY M
Address: POB 851
City-St-Zip: TUNNEL HILL, GA 30755

Title: SD () Delete
Name: VAN-OOSTEN, MIKE
Address: 1819 SHORE DR S 107
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FUNK, DIANE
Address: 1819 SHORE DR S #306
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA ERIKSON

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date