

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90068 001 \*\*\*\*61.25

**DOCUMENT # 721380**

1. Entity Name

**THE SHORE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5757 GULF OF MEXICO DR  
 LONGBOAT KEY FL 34228  
 US

5757 GULF OF MEXICO DRIVE  
 LONGBOAT KEY FL 34228  
 US

**C/O BETH CALLANS MGMT**

2. Principal Place of Business

3. Mailing Address

**595 BAY ISLES ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**201**

City & State

City & State

**LONGBOAT KEY, FL**

Zip

Country

Zip

Country

**34228**

**USA**

4. FEI Number

**38-1991361**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCKLEY, WILLIAM**  
 5757 GULF OF MEXICO DR  
 #310  
 LONGBOAT KEY FL 34228

Name

**BETH CALLANS MGMT**

Street Address (P.O. Box Number is Not Acceptable)

**595 BAY ISLES ROAD**

**SUITE 201**

City

**LONGBOAT KEY**

**FL**

Zip Code

**34228**

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.

SIGNATURE

*Beth Callans*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P BUCKLEY, WILLIAM**  
 STREET ADDRESS **5757 GULF OF MEXICO DR #310**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D YESSIN, RUDY**  
 STREET ADDRESS **5757 GULF OF MEXICO DR #113**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S ATASSI, MARIA**  
 STREET ADDRESS **5757 GULF OF MEXICO DR #309**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T FISHMAN, SAM**  
 STREET ADDRESS **5757 GULF OF MEXICO DR, #105**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE  Change  Addition  
 NAME **D**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SIMON, LES**  
 STREET ADDRESS **5757 GULF OF MEXICO DRIVE**  
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE  Change  Addition  
 NAME **T**  
 STREET ADDRESS **C RONIN, BILL**  
 CITY-ST-ZIP **5757 GULF OF MEXICO DRIVE**  
**LONGBOAT KEY, FL 34228**

TITLE  Delete  
 NAME **D HALPREN, NORMAN**  
 STREET ADDRESS **5757 GULF OF MEXICO DR, #215**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/02**

Date

**941**  
**387-3443**

Daytime Phone #

CR2E037 (9/01)