

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90156 026 ****61.25

DOCUMENT # 721380

1. Entity Name

THE SHORE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**5757 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US**

Mailing Address

**C/O BETH CALLANS MGMT
595 BAY ISLES ROAD.201
LONGBOAT KEY FL 34228
US**

2. Principal Place of Business

3. Mailing Address

elo Condominium Management, Inc.

**Suite, Apt. #, etc.
1801 Glegary Street**

**City & State
Sarasota, FL**

**Zip
34231**

**Country
USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **38-1991361**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETH CALLANS MGMT
595 BAY ISLES ROAD
SUITE 201
LONGBOAT KEY FL 34228**

**Name
Condominium Management, Inc.**

**Street Address (P.O. Box Number is Not Acceptable)
1801 Glegary Street**

**City
Sarasota**

FL

**Zip Code
34231**

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 *P. Richard Clark*

P. Richard Clark

4-18-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **AVS** ☐ Change ☒ Addition
NAME **Clark, P. Richard**
STREET ADDRESS **1801 Glegary Street**
CITY-ST-ZIP **Sarasota, FL 34231**

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

TITLE **S/D** ☒ Change ☐ Addition
NAME **S/D**
STREET ADDRESS **S/D**
CITY-ST-ZIP **S/D**

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **CROWN, BILL**
STREET ADDRESS **5757 GULF OF MEXICO DRIVE**
CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **T/D** ☒ Change ☐ Addition
NAME **Cronin, Bill**
STREET ADDRESS **5757 Gulf of Mexico Drive**
CITY-ST-ZIP **Longboat Key, FL 34228**

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

TITLE **U/D** ☒ Change ☐ Addition
NAME **U/D**
STREET ADDRESS **U/D**
CITY-ST-ZIP **U/D**

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: *P. Richard Clark*

4-18-03 (941) 921-5393

CR2E037 (10/02)