FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. M[illegible]
Secretary
DIVISION OF C[illegible]ONS

APPROVED AND FILED

95 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743872 (4)

1. Corporation Name

SHORE HAVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ATTN: PAT SISKEN APT 2B 18720 GULF BLVD INDIAN SHORES FL 34635	ATTN: PAT SISKEN APT 2B 18720 GULF BLVD INDIAN SHORES FL 34635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1978
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2121716 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~LEMUS, THOMAS~~
~~18720 GULF BLVD~~
~~#35~~
~~INDIAN SHORES FL 34635~~

changed to →

10. Name and Address of New Registered Agent

01 Name: LEMUS Thomas - President
02 Street Address (P.O. Box Number is Not Acceptable): 4615 Tennyson Ave
03: Tampa FL
04 City: FL 05 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Bassolino Treasurer Shorehaven Condo Assoc 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	1.1 TITLE TRES (1) TREASurer ☐ Change ☐ Addition
NAME	BASSOLINO, MARY	1.2 NAME
STREET ADDRESS	1210 ALAMEDA AVE	1.3 STREET ADDRESS: Mary BASSOLINO 1210 ALAMEDA Ave
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP: CLEARWATER FL 3469
TITLE	D	2.1 TITLE V.P. (2) Jack Weir - V.P. ☑ Change ☐ Addition
NAME	DRAKE, DAVID	2.2 NAME
STREET ADDRESS	4620 W SUNET BLVD	2.3 STREET ADDRESS: 1102 ALAMEDA Ave
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP: Clear WATER FL 34619
TITLE	S	3.1 TITLE PRES (3) ☑ Change ☐ Addition
NAME	COHAN, D.	3.2 NAME D
STREET ADDRESS	8820 VAN FLEET RD	3.3 STREET ADDRESS: Tom Lemus - President 4615 Tennysm Ave
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP: Tampa FL 33629
TITLE	D	4.1 TITLE SEC Secretary ☐ Change ☐ Addition
NAME	SCAGLIONE, J.	4.2 NAME scaglione J.
STREET ADDRESS	17910 SINGING WOOD PL	4.3 STREET ADDRESS: 17910 Singing wood Pl
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP: Lutz FL
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE SPT 6/1/95 REMITTED BY MAY 1 ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Bassolino MARY BASSOLINO 4/28/95 813-726-2625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001P020