

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90066 015 ****61.25

DOCUMENT # 743939 1. Entity Name FLORIDA SHORES CONDOMINIUMS, INC.,					
Principal Place of Business 8925 BRELAND DRIVE TAMPA, FL 33626 US			Mailing Address FLORIDA SHORES CONDO ASSN. 17740 GULF BLVD. REDINGTON SHORES, FL 33708 US		
2. Principal Place of Business 17740 GULF BLVD Suite, Apt. #, etc.		3. Mailing Address 9240 N. 52 ST Suite, Apt. #, etc.			
City & State REDINGTON SHORES FL		City & State TAMPA FL		4. FEI Number 59-1873714	
Zip 33708		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELENA MARTENSEN 8925 BRELAND DRIVE TAMPA, FL 33626		7. Name and Address of New Registered Agent Name FRANKIE B. CRUMPTON Street Address (P.O. Box Number is Not Acceptable) 9240 N. 52 ST City TAMPA FL Zip Code 33617			
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 <u>Frankie B. Crumpton</u> FRANKIE B. CRUMPTON <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUMPTON, CHARLES 608 SUPERIOR AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAUGHTER, KAREN 13133 CIMARRON CIRCLE NORTH LARGO, FL 33774	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTENSEN, FRED A 8925 BRELAND DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTENSEN, HELENA 8925 BRELAND DRIVE TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANKIE B. CRUMPTON 9240 N. 52 ST TAMPA FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD BARBARA MOATS 13208 BURNES LN TAMPA FL 33612	<input type="checkbox"/> Delete			
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: <u>Frankie B. Crumpton</u> FRANKIE B. CRUMPTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-07-05 Daytime Phone # 813 988 6528					