

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90064 019 \*\*\*\*61.25

<b>DOCUMENT # 748011</b> 1. Entity Name <b>SHORE CREST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 N. SHORE DRIVE NE ST PETERSBURG, FL 33701-1446</b>			Mailing Address <b>1200 NORTH SHORE DR NE OFFICE SAINT PETERSBURG, FL 33701-1446 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1994726</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>BECKER &amp; POLIAKOFF, P.A. 2401 W. BAY DRIVE SUITE 414 LARGO, FL 33770</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEAN, ANDY		NAME	RAU, DELBERT	
STREET ADDRESS	1200 N SHORE DR NE		STREET ADDRESS	1200 NORTH SHORE DR NE #107	
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701		CITY - ST - ZIP	SAINT PETERSBURG, FL 33701	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINO, EILEEN		NAME		
STREET ADDRESS	1200 N SHORE DR NE #410		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORE, LUTHER		NAME		
STREET ADDRESS	1200 N SHORE DR NE #206		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIND, BETH		NAME		
STREET ADDRESS	1200 N SHORE DR NE #405		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINKEN, JOAN		NAME		
STREET ADDRESS	1200 N SHORE DR NE		STREET ADDRESS		
CITY - ST - ZIP	SAINT PETERSBURG, FL 33701		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Joan Rinken</i> <b>JOAN RINKEN</b>			<b>2/26/2007</b> <b>727-490-5958</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		