2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90018 017 ****61.25

DOCUMENT # 748011

1. Entity Name
SHORE CREST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 N. SHORE DRIVE NE ST PETERSBURG, FL 33701-1446	1200 NORTH SHORE DR NE OFFICE SAINT PETERSBURG, FL 33701-1446 US

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02252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1994726 ☐ 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
BECKER & POLIAKOFF, P.A. 2401 W. BAY DRIVE SUITE 414 LARGO, FL 33770	Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 311 PARK PLACE BLVD, SUITE 250 City CLEARWATER FL Zip Code 33759-3977

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAN, ANDY 1200 N SHORE DR NE SAINT PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RAU, DELBERT 1200 NORTH SHORE DR NE #107 ST PETERSBURG, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELLINO, EILEEN 1200 N SHORE DR NE #410 SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIONTINO, GABRIEL 1200 NORTH SHORE DR NE # 301 ST PETERSBURG, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DORE, LUTHER 1200 N SHORE DR NE #206 SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LIND, BETH 1200 N SHORE DR NE #405 SAINT PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RINKEN, JOAN 1200 N SHORE DR NE SAINT PETERSBURG, FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Joan Rinken JOAN RINKEN, PRESIDENT 2/25/08 727-490-5958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #