

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **750733** (8)

1. Corporation Name

**SHORE COLONY CONDOMINIUM ASSOCIATION, INC.**

95 MAY -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4611 FIG ST 106 TAMPA FL 33609 US	4611 FIG ST 106 TAMPA FL 33609 US

3. Date Incorporated or Qualified <b>01/23/1980</b>	3a. Date of Last Report <b>03/16/1994</b>
4. FEI Number <b>59-2088502</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 190.192 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SMITH, ELEANOR L**  
**4811 FIG STREET 106**  
**TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	<b>Donald H. Gilbert</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4611 Fig St. #106</b>
83	
84 City	<b>Tampa</b>
85 Zip Code	<b>FL 33609</b>

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 Donald H. Gilbert April 19, 1995  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when registering)  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, DONALD H	1.2 NAME	Donald H. Gilbert
STREET ADDRESS	3301 BAYSHORE BLVD. #2007	1.3 STREET ADDRESS	4611 Fig St. #106
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTI, FRANCIS	2.2 NAME	Robert G. Elkins
STREET ADDRESS	4808 GRAY STREET, #302	2.3 STREET ADDRESS	4611 Fig St. #106
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	TD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILER, AGNES	3.2 NAME	Ruth Ann Jones
STREET ADDRESS	4810 GRAY ST., #306	3.3 STREET ADDRESS	4611 Fig St. #106
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	SD	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHETT, ALLAN W	4.2 NAME	Colette Greife
STREET ADDRESS	4811 FIG STREET, #302	4.3 STREET ADDRESS	4611 Fig St. #106
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE	MD	5.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURK, ROSE	5.2 NAME	Neil L. Bartley
STREET ADDRESS	4808 GRAY STREET, #101	5.3 STREET ADDRESS	4611 Fig St. #106
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP	Tampa, FL 33609
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(a), 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: Donald H. Gilbert Donald H. Gilbert 4/19/95 (810) 837-4421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number