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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 750733 (8)

1. Corporation Name  
SHORE COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
4610 GRAY STREET #106 TAMPA FL 33609 US  
4610 GRAY STREET #106 TAMPA FL 33609-1969 US

3. Date Incorporated or Qualified 01/23/1980  
3a. Date of Last Report 02/12/1996

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

4. FEI Number 59-2088502 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
GILBART, DONALD H  
4811 FIG ST 106  
TAMPA FL 33609

10. Name and Address of New Registered Agent  
81 Name Robert G. Elkins  
82 Street Address (P.O. Box Number is Not Acceptable) 4611 Fig St. #106  
83  
84 City Tampa FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] DATE 1-22-97  
(NOTE: Registered Agent signature required when reinstating)

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PD GILBART, DONALD H; VPD ELKINS, ROBERT G; TD GUIDA, ANGELO; SD ANDRETTA, GREGORY R.; MD HUNT, DARLENE ANN.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PD Elkins, Robert G.; VPD Darlene Ann Hunt; TD Agnes Kiler; SD Karin A. Thomas; MD Angelo Guida.

14. I do 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 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: [Signature] Robert G. Elkins 1/22/97 (813)286-8515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047631

CR2E037 (9/96)