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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 750733

1. Corporation Name

SHORE COLONY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4610 GRAY STREET #106  
TAMPA FL 33609  
US

Mailing Address

4610 GRAY STREET #106  
TAMPA FL 33609  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

01/23/1980

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

9. Name and Address of Current Registered Agent

ELKINS, ROBERT G.  
4620 GRAY ST  
SUITE 106  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Horace A. Knowlton IV.  
442 W. Kennedy Blvd.

84 City

Suite 280

Tampa, FL 33606

FL

85 Zip Code

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 Horace A. Knowlton IV.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/22/99

12. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | PD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | ELKINS, ROBERT G.    |  |
| STREET ADDRESS | 4610 GRAY ST., #106  |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          | VPD                  | <input type="checkbox"/> DELETE            |
| NAME           | HUNT, DARLENE ANN    |  |
| STREET ADDRESS | 4610 GRAY ST., #106  |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          | TD                   | <input type="checkbox"/> DELETE            |
| NAME           | DONELAN, ELIZABETH G |  |
| STREET ADDRESS | 4607 FIG ST #204     |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          | SD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | HUMPHREY, HENRY G    |  |
| STREET ADDRESS | 4610 GRAY ST #210    |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          | MD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | GUIDA, ANGELO        |  |
| STREET ADDRESS | 4611 FIG ST., #106   |  |
| CITY-ST-ZIP    | TAMPA FL             |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |  |
|--------------------|----------------------|--|
| 1.1 TITLE          | PD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Bolton, Sidney N     |  |
| 1.3 STREET ADDRESS | 4606 Gray ST, #105   |  |
| 1.4 CITY-ST-ZIP    | Tampa, FL 33609      |  |
| 2.1 TITLE          | SD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Hunt, Darlene Ann    |  |
| 2.3 STREET ADDRESS | 4606 Gray ST, #209   |  |
| 2.4 CITY-ST-ZIP    | Tampa, FL 33609      |  |
| 3.1 TITLE          | VPD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Donelan, Elizabeth G |  |
| 3.3 STREET ADDRESS | 4607 Fig ST, #204    |  |
| 3.4 CITY-ST-ZIP    | Tampa, FL 33609      |  |
| 4.1 TITLE          | TD                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Carreno, Servando    |  |
| 4.3 STREET ADDRESS | 4610 Gray ST, #306   |  |
| 4.4 CITY-ST-ZIP    | Tampa, FL 33609      |  |
| 5.1 TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Hicks, John          |  |
| 5.3 STREET ADDRESS | 4610 Gray ST, #109   |  |
| 5.4 CITY-ST-ZIP    | Tampa, FL 33609      |  |
| 6.1 TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                      |  |
| 6.3 STREET ADDRESS |                      |  |
| 6.4 CITY-ST-ZIP    |                      |  |

14. 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 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, with all other like empowered.

SIGNATURE: SIDNEY N. BOLTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/27/99 (813) 286-8515

DATE Daytime Phone #

0050100

CR2E037 (1/98)