


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90081 046 ****61.25

| | | | | | |
|--|----------------------|--|---|---|--|
| DOCUMENT # 750733 | | | |  | |
| 1. Entity Name SHORE COLONY CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 4610 GRAY STREET #106 TAMPA, FL 33609 US | | | Mailing Address 4131 GUNN HIGHWAY TAMPA, FL 33618 | | |
| 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 | 01272007 Chg-NP CR2E037 (12/08) 4. FEI Number 59-2088502 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FRISCIA, ESQ, FRANK 500 N. WESTSHORE BLVD. STE 830 TAMPA, FL 33609-1990 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | | | |
| NAME | RICKARD, RENAE | | | | |
| STREET ADDRESS | 4607 FIG ST #203 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | | | |
| NAME | PHILLIPS, ALEXANDER | | | | |
| STREET ADDRESS | 4610 GRAY ST, #110 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | | |
| NAME | LETO, LORETTA | | | | |
| STREET ADDRESS | 4607 FIG ST #207 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | | |
| NAME | HUNT, DARLENE A | | | | |
| STREET ADDRESS | 4606 GRAY ST. #209 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | WIESENFELD, JACK | | | | |
| STREET ADDRESS | 4607 FIG ST. #301 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | HENRY | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | VALENTE, HENRY | | | | |
| STREET ADDRESS | 4606 W GRAY ST. #302 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | PHILLIPS, ALEXANDER | | | | |
| STREET ADDRESS | 4610 GRAY ST, #110 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | VPSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | HUNT, DARLENE A | | | | |
| STREET ADDRESS | 4606 GRAY ST. #209 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | HENRY VALENTI | | | | |
| STREET ADDRESS | 4606 W GRAY, # 302 | | | | |
| CITY-ST-ZIP | TAMPA, FL 33609 | | | | |
| 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: <u>Alexander Phillips</u> 4-3-07 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |