



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

<b>DOCUMENT # 750733</b>					
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		4. FEI Number 59-2088502	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent FRISCIA, ESQ, FRANK 500 N. WESTSHORE BLVD. STE 830 TAMPA, FL 33609-1990			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICKARD, RENAE		NAME	VALENTE, HENRY	
STREET ADDRESS	4607 FIG ST #203		STREET ADDRESS	4606 W GRAY ST. #302	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, ALEXANDER		NAME	PHILLIPS, ALEXANDER	
STREET ADDRESS	4610 GRAY ST, #110		STREET ADDRESS	4610 GRAY ST, #110	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETO, LORETTA		NAME		
STREET ADDRESS	4607 FIG ST #207		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, DARLENE A		NAME	HUNT, DARLENE A	
STREET ADDRESS	4606 GRAY ST. #209		STREET ADDRESS	4606 GRAY ST. #209	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESENFELD, JACK		NAME		
STREET ADDRESS	4607 FIG ST. #301		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY		NAME	HENRY VALENTI	
STREET ADDRESS			STREET ADDRESS	4606 W GRAY, # 302	
CITY-ST-ZIP			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: 		Date: 4-3-07		Daytime Phone #	