

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90102 022 ****61.25

DOCUMENT # N01616					
1. Entity Name SHORECREST CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business MARVIN REAL ESTATE 1835 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 US			Mailing Address MARVIN REAL ESTATE PO BOX 330026 ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1		3. Mailing Address PO Box 330026 Suite, Apt. #, etc.			
City & State Atlantic Beach, FL Zip 32233 Country USA		City & State Atlantic Beach FL Zip 32233 Country USA		4. FEI Number 59-2542532	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARVIN, SONIA M. 1835 N. THIRD STREET JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name: Marvin + Floyd Realty, Inc. Street Address (P.O. Box Number is Not Acceptable): 753 Atlantic Blvd #1 City: Atlantic Beach FL Zip Code: 32233		
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: Marvin + Floyd Realty, Inc. <i>Sonia M. Marvin</i> DATE: 3-26-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BELL, BEVERLY J STREET ADDRESS 644 JERSEY AVENUE CITY-ST-ZIP JERSEY CITY, NJ 07302	<input type="checkbox"/> Delete		TITLE PD NAME Bell, Beverly J. STREET ADDRESS 22 Grove St, 6E CITY-ST-ZIP NY, NY 10014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME TRAVIS, JILL STREET ADDRESS 232 VON LIST WAY CITY-ST-ZIP LEXINGTON, KY 40502	<input type="checkbox"/> Delete		TITLE SD NAME BLIN, JOHN STREET ADDRESS 644 JERSEY AVE CITY-ST-ZIP JERSEY CITY, NJ 07302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BLIN, JOHN STREET ADDRESS 644 JERSEY AVE CITY-ST-ZIP JERSEY CITY, NJ 07302	<input type="checkbox"/> Delete		TITLE SD NAME Blin, John STREET ADDRESS c/o Apt 5+ 4th FL CITY-ST-ZIP 98 Broad St NY 10004	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Beverly Jean Bell</i>			4-23-07 212 902 0513		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		