


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90204 032 \*\*\*\*61.25

<b>DOCUMENT # N01616</b> 1. Entity Name <b>SHORECREST CONDOMINIUM ASSOCIATION OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>753 ATLANTIC BLVD #1 ATLANTIC BEACH, FL 32233 US</b>	Mailing Address <b>PO BOX 330026 ATLANTIC BEACH, FL 32233 US</b>
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04242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2542532</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>MARVIN &amp; FLOYD REALTY, INC. 753 ATLANTIC BLVD #1 ATLANTIC BEACH, FL 32233</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, BEVERLY J 22 GROVE ST 6E NEW YORK, NY 10014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAVIS, JILL 232 VON LIST WAY LEXINGTON, KY 40502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLIN, JOHN C/O APT 90 BRBUD ST 4TH FL NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Jill Travis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-25-08*