## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000008217

FILED Apr 25, 2007 Secretary of State

Entity Name: SHOREHAVEN ESTATES LOCK MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1044 CASTELLO DR. STE 206 4118 SW 195TH TERRACE NAPLES, FL 34103 MIRAMAR, FL 33029

Current Mailing Address: New Mailing Address:

1044 CASTELLO DRIVE 4118 SW 195TH TERRACE # 206 MIRAMAR, FL 33029 NAPLES, FL 34103

FEI Number: 38-3706757 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT

1044 CASTELLO DRIVE

SUITE 206

NAPLES, FL 34103 US

OC ISLAND COVE DEVELOPMENT
4118 SW 195TH TERRACE
MIRAMAR, FL 33029 US

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.

SIGNATURE: STEVE WILLIAMS 04/25/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADD

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: FORREY, CHRIS PORRY, CHRIS

 Name:
 FORRY, CHRIS

 Address:
 4118 SW 195TH TERRACE

 City-St-Zip:
 MIRAMAR, FL 33029

 City-St-Zip:
 MIRAMAR, FL 33029

 $\label{eq:total_times} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{( ) Delete} \qquad \mbox{Title:} \qquad \mbox{( ) Change ( ) Addition}$ 

 Name:
 MENDIZABAL, OCTAVIO
 Name:

 Address:
 12004 SW 268TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33032
 City-St-Zip:

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name: FORREY, TENSIE Name: FORRY, TENSIE

 Address:
 4118 SW 195TH TERRACE
 Address:
 4118 SW 195TH TERRACE

 City-St-Zip:
 MIRAMAR, FL 33029
 City-St-Zip:
 MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS FORRY P 04/25/2007