


2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2009 FEB 20 A 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000008217 1. Entity Name SHOREHAVEN ESTATES LOCK MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 4118 SW 195TH TERRACE MIRAMAR, FL 33029		Mailing Address 4118 SW 195TH TERRACE MIRAMAR, FL 33029	
2. Principal Place of Business - No P.O. Box # 28731 S. Cargo Ct Suite, Apt. #, etc. Suite 6		3. Mailing Address same Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State same	
Zip 34135		Country USA	
4. FEI Number 38-3706757		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OC ISLAND COVE DEVELOPMENT 14600 SW 8TH STREET MIAMI, FL 33184		7. Name and Address of New Registered Agent Name Boetzel + Address Street Address (P.O. Box Number is Not Acceptable) Ashley Lupo 550 Park Shore DR. 3rd Floor City Naples FL Zip Code 34103	
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 Ashley Lupo 200141064522 01/16/09--01055--001 **\$1.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDHABAL, OCTAVIO E 14600 SW 8TH STREET MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Balsamo 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERRY, CHRISTOPHER 4118 SW 195TH TERRACE MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nick Stamos 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARLSON, MELISSA 1799 FOUR MILE COVE PKWY CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Michael Pulidore 28731 S. Cargo Ct. Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" 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
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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: James Balsamo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-6-08 Daytime Phone #	