


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90099 007 \*\*\*\*61.25

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<b>DOCUMENT # N08331</b>					
1. Entity Name SHORE DRIVE SOUTH CORP.					
Principal Place of Business 1888 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33707			Mailing Address C/O LAMONT MANAGEMENT 250 104TH AVE TREASURE ISLAND, FL 33706-4846 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2539287	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARDANI, MARY 1847 SHORE DRIVE SOUTH # 311 SOUTH PASADENA, FL 33707			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LARDANI, MARY		NAME		
STREET ADDRESS	1847 SHORE DRIVE SOUTH, # 311		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHURCHMAN, JUDY		NAME		
STREET ADDRESS	1898 SHORE DRIVE SOUTH, # 210		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAKALA, DOTY		NAME	GLEN LINDSEY	
STREET ADDRESS	1893 SHORE DRIVE SOUTH, # 204		STREET ADDRESS	1898 SHORE DR SO. #214	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP	SO PASADENA FL 33707	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YANOW, HAROLD		NAME		
STREET ADDRESS	1868 SHORE DRIVE SOUTH, # 614		STREET ADDRESS		
CITY-ST-ZIP	SOUTH PASADENA, FL 33707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, JOHN		NAME		
STREET ADDRESS	1819 SHORE DRIVE SOUTH, # 318		STREET ADDRESS		
CITY-ST-ZIP	S. PASADENA, FL 33707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Judith C. Churchman</u> 4-5-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					