

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90118 028 ****61.25

DOCUMENT # N08331

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

60012547



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2539287

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LARDANI, MARY
STREET ADDRESS 1847 SHORE DRIVE SOUTH, # 311
CITY-ST-ZIP SOUTH PASADENA, FL 33707

TITLE V ☐ Delete
NAME CHURCHMAN, JUDY
STREET ADDRESS 1898 SHORE DRIVE SOUTH, # 210
CITY-ST-ZIP SOUTH PASADENA, FL 33707

TITLE S ☐ Delete
NAME LINDSEY, GLEN
STREET ADDRESS 1898 SHORE DR S 214
CITY-ST-ZIP SOUTH PASADENA, FL 33707

TITLE T ☐ Delete
NAME YANOW, HAROLD
STREET ADDRESS 1868 SHORE DRIVE SOUTH, # 614
CITY-ST-ZIP SOUTH PASADENA, FL 33707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD YANOW

Date

Daytime Phone #

1/28/07 727-343-2321