



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90025 034 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2539287	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARDANI, MARY 1847 SHORE DRIVE SOUTH # 311 SOUTH PASADENA, FL 33707			7. Name and Address of New Registered Agent Name <u>Sue Lamont</u> Street Address (P.O. Box Number is Not Acceptable) <u>250 104TH AVE</u> <u>Treasure Island</u> City <u>FL</u> Zip Code <u>33706</u>		
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 <u>Sue Lamont</u> <u>SUE LAMONT</u> <u>03/21/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2008		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 LARDANI, MARY 1847 SHORE DRIVE SOUTH, # 311 SOUTH PASADENA, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Tidwell 1819 Shore Drive South # 109 South Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHURCHMAN, JUDY 1898 SHORE DRIVE SOUTH, # 210 SOUTH PASADENA, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arthur Yonkin 1847 Shore Drive South # 202 South Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSAY, GLEN W 1898 SHORE DR S 214 SOUTH PASADENA, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Taylor 1868 Shore Drive South # 401 South Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YANOW, HAROLD 1868 SHORE DRIVE SOUTH, # 614 SOUTH PASADENA, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diane Edmonds 1893 Shore Drive South South Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>Nancy Tidwell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Days/Phone #</small>					