2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08331

Apr 20, 2009
Secretary of State

Entity Name: SHORE DRIVE SOUTH CORP.

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

1888 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33707

Current Mailing Address: New Mailing Address:

C/O LAMONT MANAGEMENT 250 104TH AVE TREASURE ISLAND, FL 337064846 US

FEI Number: 59-2539287 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:

LAMONT, SUE 250 104TH AVE TREASURE ISLAND, FL 33706 US

OFFICERS AND DIRECTORS:

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:

Electronic Signature of Registered Agent Date

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 TIDWELL, NANCY
 Name:
 TIDWELL, NANCY

 Address:
 1819 SHORE DRIVE SOUTH #109
 Address:
 1819 SHORE DRIVE SOUTH #109

 City-St-Zip:
 SOUTH PASADENA, FL 33707
 City-St-Zip:
 SOUTH PASADENA, FL 33707

Title: V () Delete Title: D (X) Change () Addition Name: YONKIN, ARTHUR D (X) Change () Addition Name: YONKIN, ARTHUR

Address: 1847 SHORE DRIVE SOUTH #202 Address: 1847 SHORE DRIVE SOUTH #202
City-St-Zip: SOUTH PASADENA, FL 33707 City-St-Zip: SOUTH PASADENA, FL 33707

Address: 1898 SHORE DR S 214
City-St-Zip: SOUTH PASADENA, FL 33707
Address: 1898 SHORE DR S 214
City-St-Zip: SOUTH PASADENA, FL 33707
City-St-Zip: SOUTH PASADENA, FL 33707

Title: () Delete Title: (X) Change () Addition Name: EDMONDS, DIANE Name: FARRELL, PHYLIS 1893 SHORE DRIVE SOUTH 1893 SHORE DRIVE SOUTH 303 Address: Address: City-St-Zip: SOUTH PASADENA, FL 33707 City-St-Zip: SOUTH PASADENA, FL 33707

Title: D () Delete Title: () Change () Addition

 Name:
 TAYLOR, GEORGE
 Name:

 Address:
 1868 SHORE DRIVE SOUTH #401
 Address:

 City-St-Zip:
 SOUTH PASADENA, FL 33707
 City-St-Zip:

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: GLENN LINDSAY D 04/20/2009