

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 4:21

DOCUMENT # N32093 (9)

1. Corporation Name

SHORECREST HOMEOWNERS ASSOC. INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001525372
-06/28/95--01025--010
****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 380204 MIAMI FL 33238-0204		P.O. BOX 380204 MIAMI FL 33138-4126 US	

3. Date Incorporated or Qualified 05/04/1989	3a. Date of Last Report 04/27/1994
4. FBI Number 65-0167705	Applied For Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplement Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TALVITIE, HELKKI
- 1245 NE 8A TERR
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81. Name TALVITIE HEIKKI
82. Street Address (P.O. Box Number is Not Acceptable) 1245 NE 8A TERR
83. City
84. City FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BRIAN, GEENTY
STREET ADDRESS	646 NE 83RD STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	TALVITIE, HEIKKI
STREET ADDRESS	1245 NE 81ST TERR
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	TOPPER, CLAIRE
STREET ADDRESS	851 NE 81 ST
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	CARLTON, ANN
STREET ADDRESS	743 NE 80 ST
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	CIPPINS, CAROL SUE
STREET ADDRESS	861 NE 82 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM BURGON
1.3 STREET ADDRESS	8900 NE 104 AVENUE
1.4 CITY-ST-ZIP	MIAMI, FL 33138
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JIM GREGORY
2.3 STREET ADDRESS	960 NE 90th St
2.4 CITY-ST-ZIP	MIAMI, FL 33128
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TIPPINS, CAROL SUE
5.3 STREET ADDRESS	861 NE 82 STREET
5.4 CITY-ST-ZIP	MIAMI FL 33138
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Helkki Talvitie **HEIKKI TALVITIE** Date: 3/15/95 (7-01754-404) **3/15/95 (7-01754-404)**