


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N32093 (9)

1. Corporation Name
SHORECREST HOMEOWNERS ASSOC. INC.



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

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 Country | 29 Zip |
| 25 Country | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/04/1989 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0167705 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

TALVITIE, HELKKI
1245 NE 81 TERR
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIAN, GEENTY | 1.2 NAME | |
| STREET ADDRESS | 648 NE 83RD STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAVITIE, HEIKKI | 2.2 NAME | |
| STREET ADDRESS | 1245 NE 81ST TERR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TOPPER, CLAIRE | 3.2 NAME | JORGE ZULOAGA |
| STREET ADDRESS | 951 NE 81 ST | 3.3 STREET ADDRESS | 8040 NW 8 COURT |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | MIAMI, FL 33138 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTOPHER MORSON | 4.2 NAME | |
| STREET ADDRESS | 1204 NE 82ND STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TOM AURGOON | 5.2 NAME | JEFF JONES |
| STREET ADDRESS | 8900 NE 10 AVENUE | 5.3 STREET ADDRESS | 1071 NW 81 STREET |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | MIAMI, FL 33138 |
| TITLE | TD <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OSCAR RESEK | 6.2 NAME | |
| STREET ADDRESS | 941 NE 82 STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **4/30/96 (705) 754-4114**

CR2E037 (9/96)