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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/04/1989	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0167705	

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

6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 relating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE D	BRIAN, GEENTY	<input checked="" type="checkbox"/> DELETE
NAME	846 NE 83RD STREET	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE PD	TAVITIE, HEIKKI	<input type="checkbox"/> DELETE
NAME	1245 NE 81ST TERR	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE SD	ZULOAGA, JORGE	<input type="checkbox"/> DELETE
NAME	8040 N.E. 8 COURT	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE D	CHRISTOPHER MORSON	<input checked="" type="checkbox"/> DELETE
NAME	1204 NE 82ND STREET	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE D	JONES, JEFF	<input type="checkbox"/> DELETE
NAME	1071 N.E. 8TH STREET	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE TD	OSCAR RESEK	<input checked="" type="checkbox"/> DELETE
NAME	941 NE 82 STREET	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID BOGLE	
1.3 STREET ADDRESS	820 NE 87th Street	
1.4 CITY-ST-ZIP	MIAMI, FL 33138	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROLINE GAYNOR	
4.3 STREET ADDRESS	960 NE 78 Street	
4.4 CITY-ST-ZIP	Miami, FL 33138	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ALLYSON WARRAN	
6.3 STREET ADDRESS	625 NE 83 Lane	
6.4 CITY-ST-ZIP	Miami, FL 33138	

14. I 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: _____ **9/27/98 (305) 754-4124**

CR2E037 (10/97)