

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90011 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



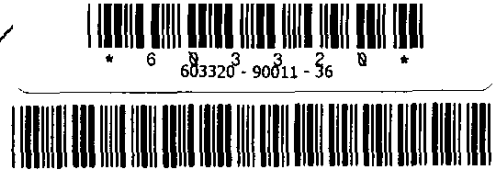
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32093

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	2a. Mailing Address	26	3. Date Incorporated or Qualified	05/04/1989
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	65-0167705
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
			30	Trust Fund Contribution	

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
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DAVID BOGLE	
STREET ADDRESS	820 NE 83RD ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAVITIE, HEIKKI	
STREET ADDRESS	1245 NE 81ST TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZULOAGA, JORGE	
STREET ADDRESS	8040 N.E. 8 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAROLYNE GAYNOR	
STREET ADDRESS	960 NE 78TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, JEFF	
STREET ADDRESS	1071 N.E. 8TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLYSON WARRAN	
STREET ADDRESS	625 NE 83RD LN	
CITY-ST-ZIP	MIAMI FL 33138	

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	BARBARA QUIGLY	
1.3 STREET ADDRESS	8225 NE 8th COURT	
1.4 CITY-ST-ZIP	MIAMI FL 33178	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUTH HAMILTON	
4.3 STREET ADDRESS	1053 NE 82 STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33178	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARTURO BRIN	
5.3 STREET ADDRESS	820 NE 80 STREET	
5.4 CITY-ST-ZIP	MIAMI, FL 33178	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	650 NE 82nd TERR	
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8/5/99 Daytime Phone #: 705.254.4134

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 CR2E037 (5/99)