

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90092 004 ****61.25

DOCUMENT # **N32093**

1. Entity Name

SHORECREST HOMEOWNERS ASSOC. INC.

Principal Place of Business

Mailing Address

P.O. BOX 380204
 MIAMI FL 33238-0204

P.O. BOX 380204
 MIAMI FL 33238-0204
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0167705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALVITIE, HELKKI
1245 NE 81 TERR
MIAMI FL 33138

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	QUIGLY, BARBARA	822J NE 8TH CT	MIAMI FL 33138	<input type="checkbox"/>
PD	TAVITIE, HEIKKI	1245 NE 81ST TERR	MIAMI FL	<input checked="" type="checkbox"/>
VD	ZULOAGA, JORGE	8040 N.E. 8 COURT	MIAMI FL	<input checked="" type="checkbox"/>
D	HAMILTON, RUTH	1053 NE 82 ST	MIAMI FL 33138	<input type="checkbox"/>
TD	ORIN, ARTURO	820 NE 80 ST	MIAMI FL 33138	<input checked="" type="checkbox"/>
SD	ALLYSON WARRAN	650 NE 82 TERR	MIAMI FL 33138	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	MICHAEL MUSHETT	760 NE 82 TERRACE	MIAMI, FL 33178	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WILLIAM SCOTT	1211 NE 81 TERR	MIAMI, FL 33178	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	VERA BARKER	1050 NE 81 ST	MIAMI, FL 33178	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Barba*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-2000 (305) 758-2814
 Daytime Phone #

CR2E037 (9/99)