2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 03, 2006
Secretary of State

DOCUMENT# N32093

Entity Name: SHORECREST HOMEOWNERS ASSOC. INC.

Current Principal Place of Business:

P.O. BOX 380204
MIAMI, FL 332380204 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380204
MIAMI, FL 332380204 US

New Mailing Address:

FEI Number: 65-0167705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARREN, ALLYSON M
650 NE 82 TERRACE
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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: ALLYSON M. WARREN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WARREN, ALLYSON M	
Address:	650 NE 82 TERR	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	D	( ) Delete
Name:	HOSKIN, PATRICIA G	
Address:	885 NE 81`ST ST	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	D	( ) Delete
Name:	GAYNOR, CAROLYNE	
Address:	960 NE 78TH ST	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	T	( ) Delete
Name:	ARONSON, JUDY	
Address:	1031 N.E. 82ND TERRACE	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	S	( ) Delete
Name:	SEALS, SANDRA	
Address:	1039 N. BAYSHORE DRIVE	
City-St-Zip:	MIAMI, FL 33138 US	
Title:	D	( ) Delete
Name:	SIMON, MANNY	
Address:	1241 NE 81ST TERR	
City-St-Zip:	MIAMI, FL 33138 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DONNA, MILO	
Address:	1080 N.E. LITTLE RIVER DRIVE	
City-St-Zip:	MIAMI, FL 33138 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLYSON M. WARREN P 10/03/2006
Electronic Signature of Signing Officer or Director — Date