

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 05, 2007
Secretary of State

DOCUMENT# N32093

Entity Name: SHORECREST HOMEOWNERS ASSOC. INC.**Current Principal Place of Business:**645 NE 82 TERRACE
MIAMI, FL 33138 US**New Principal Place of Business:****Current Mailing Address:**645 NE 82 TERRACE
MIAMI, FL 33138 US**New Mailing Address:****FEI Number:** 65-0167705**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CUELLAR, ABBIE S
645 NE 82 TERRACE
MIAMI, FL 33138 US**Name and Address of New Registered Agent:**CUELLAR, ABBIE SEC
645 NE 82 TERRACE
MIAMI, FL 33138 US

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: ABBIE CUELLAR

12/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN, LONGCHAMPS P
Address: SECTION 119.07(1)(A), FLORIDA STATUTES
City-St-Zip: MIAMI, FL 33138 US

Title: VP () Delete
Name: SANTANA, MYLENE C VP
Address: 662 NE 82 TERRACE
City-St-Zip: MIAMI, FL 33138 US

Title: T () Delete
Name: WAYNE, BECKNER G T
Address: 641 NE 83 ST
City-St-Zip: MIAMI, FL 33138 US

Title: D () Delete
Name: TURCOTTE, LEE D
Address: 753 NE 81 ST
City-St-Zip: MIAMI, FL 33138 US

Title: D () Delete
Name: SCOTT, BRIAN R D
Address: 1100 NE 87 ST
City-St-Zip: MIAMI, FL 33138 US

Title: D () Delete
Name: KUHN, GORDON D
Address: 951 NE 83 ST
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: () Change () Addition
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City-St-Zip:

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 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: JEAN LONGCHAMPS

P

12/05/2007

Electronic Signature of Signing Officer or Director

Date