

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 01, 2008
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:**662 82 TERRACE
MIAMI, FL 33138 US**Current Mailing Address:**645 NE 82 TERRACE
MIAMI, FL 33138 US**New Mailing Address:**P.O. 380204
MIAMI, FL 33138 US**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 D
645 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: LONGCHAMPS, JEAN VP
Address: SECTION 119.07 (1)9A0, FLORIDA STAUTES
City-St-Zip: MIAMI, FL 33138 US

Title: T () Delete
Name: HUGHES, RICHARD E T
Address: 722 NE 81 STREET
City-St-Zip: MIAMI, FL 33138 US

Title: SEC () Delete
Name: STEBER, MARGARET K SEC
Address: 930 NE 81 STREET
City-St-Zip: MIAMI, FL 33138 US

Title: D () Delete
Name: HALTER, FRED D
Address: 751 NE 80 STREET
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: T (X) Change () Addition
Name: TOPPER, CLAIRE T
Address: 951 81 STREET
City-St-Zip: MIAMI, FL 33138 US

Title: () Change () Addition
Name:
Address:
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: MYLENE C SANTANA

P

09/01/2008

Electronic Signature of Signing Officer or Director

Date