

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40373

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** SHORE ACRES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

SHORE ACRES REC CENTER  
4230 SHORE ACRES BLVD  
SAINT PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 55002  
ST. PETERSBURG, FL 337321473 US

**New Mailing Address:**

**FEI Number:** 59-3457468      **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:**

**Name and Address of New Registered Agent:**

MCSPIRITT, DIANE F  
5165 HORSESHOE PLACE NE  
SAINT PETERSBURG, FL 337034215 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAILEY, CHRIS  
Address: 1528 DELAWARE AVE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SECY  
Name: BAROW, GREG  
Address: BAYOU GRANDE  
City-St-Zip: ST PETERSBURG, FL 33703

Title: T  
Name: MCSPIRITT, DIANE F  
Address: 5165 HORSESHOE PLACE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP  
Name: MEEKS, JOHN  
Address: 1567 DELAWARE AVENUE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VP  
Name: STECHBECK, JEFF  
Address: VENETIAN BOULEVARD  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D  
Name: COOK, PATRICIA  
Address: SHORE ACRES BOULEVARD NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: DIANE F. MCSPIRITT

TRS

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date