2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712259

Entity Name: SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO.

101, INC.

FILED
Jan 11, 2017
Secretary of State
CC2736610926

Current Principal Place of Business:

1893 SHORE DRIVE SOUTH S. PASADENA, FL 33707

Current Mailing Address:

C/O LAMONT MANAGEMENT, INC. 250 104TH AVENUE TREASURE ISLAND, FL 33706-4846 US

FEI Number: 59-1285579 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMONT MANAGEMENT 250 104TH AVE. TREASURE ISLAND, FL 33706 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: STEPHANIE HENDRIX 01/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitleBOARD MEMBERTitleBOARD MEMBERNameMAXWELL, STEPHENNameKAINATH, HERBERT

Address C/O LAMONT MANAGEMENT, INC. Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE 250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706-4846 City-State-Zip: TREASURE ISLAND FL 33706-4846

Title PRESIDENT Title VP/MAINTENANCE DIRECTOR

Name QUINN, GARY Name URBANEK, AL

Address C/O LAMONT MANAGEMENT, INC. Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE 250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706-4846 City-State-Zip: TREASURE ISLAND FL 33706-4846

Title TREASURER Title BOARD MEMBER
Name CHASE, JOANNE Name WALTHER, CAROLYN

Address C/O LAMONT MANAGEMENT, INC. Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE 250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706-4846 City-State-Zip: TREASURE ISLAND FL 33706-4846

Title BOARD MEMBER
Name BARNETT, JOHN

Address C/O LAMONT MANAGEMENT, INC.

250 104TH AVENUE

City-State-Zip: TREASURE ISLAND FL 33706-4846

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: GARY QUINN PRESIDENT 01/11/2017