

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712259

FILED
Jan 29, 2016
Secretary of State
CC4095291958

Entity Name: SHORE PLAZA BUILDING OF TOWN APARTMENTS SOUTH NO. 101, INC.

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

01/29/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAXWELL, STEPHEN
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title BOARD MEMBER
Name KAINATH, HERBERT
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title BOARD
Name QUINN, GARY
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title VP/MAINTENANCE DIRECTOR
Name URBANEK, AL
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title TREASURER
Name CHASE, JOANNE
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title BOARD MEMBER
Name WALTHER, CAROLYN
Address C/O LAMONT MANAGEMENT, INC.
 250 104TH AVENUE
City-State-Zip: TREASURE ISLAND FL 33706-4846

Title BOARD MEMBER
Name NICHOLSON, MICHAEL
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: STEPHEN MAXWELL

PRESIDENT

01/29/2016

Electronic Signature of Signing Officer/Director Detail

Date