

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 14 AM 9:31

DOCUMENT # 707621 (9)

1. Corporation Name
THE SHORES CONDOMINIUM, INC.

Principal Place of Business Mailing Address
1700 NORTHEAST 105TH STREET MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/21/1964 | 3a. Date of Last Report 04/19/1994 |
| 4. FEI Number 59-1095398 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$0.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | FILING FEE IS \$61.25 |
| 8. This corporation has liability for intangible tax under s. 193.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip Country | Zip Country |
| 24 25 | 29 30 |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| POLIAKOFF, GARY A. 6520 N. ANDREWS AVENUE FT. LAUDERDALE FL 33310-6057 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|-------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | P | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THORNTON, RICHARD J | 12 NAME | SAME |
| STREET ADDRESS | 1700 N E 105TH ST | 13 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI SHORES FL | 14 CITY - ST - ZIP | |
| TITLE | V | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARELLAS, LEON G. | 22 NAME | V |
| STREET ADDRESS | 1700 NE 105 ST | 23 STREET ADDRESS | WIGHTMAN, WILLIAM |
| CITY - ST - ZIP | MIAMI SHORES FL | 24 CITY - ST - ZIP | 1700 N.E. 105 STREET |
| TITLE | ST | 31 TITLE | MIAMI SHORES, FL. 33138 |
| NAME | VIGNERON, M ANTOINETTE | 32 NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1700 N E 105TH ST | 33 STREET ADDRESS | ST |
| CITY - ST - ZIP | MIAMI SHORES FL | 34 CITY - ST - ZIP | JENKINS, MARGARET M. |
| TITLE | AST | 41 TITLE | 1700 N.E. 105 STREET |
| NAME | NUNNALLY, G. ANN | 42 NAME | MIAMI SHORES, FL. 33138 |
| STREET ADDRESS | 1700 N.E. 105TH ST. | 43 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | MIAMI SHORES FL | 44 CITY - ST - ZIP | SAME |
| TITLE | AST | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MENNES, CHARLES J | 52 NAME | SAME |
| STREET ADDRESS | 1700 NE 105 ST | 53 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI SHORES FL | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard J. Thornton June 9, 1995 305-893-674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)

CR2E037 (3/95)