

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 707621 (9)**

1. Corporation Name  
**THE SHORES CONDOMINIUM, INC.**



Principal Place of Business <b>1700 NORTHEAST 105TH STREET MIAMI SHORES FL 33138</b>	Mailing Address <b>1700 NORTHEAST 105TH STREET MIAMI SHORES FL 33138-2145</b>
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3. Date Incorporated or Qualified <b>07/21/1964</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>59-1095398</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**POLIAKOFF, GARY A.  
6520 N. ANDREWS AVENUE  
FT. LAUDERDALE FL 33310-6057**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENNES, CHARLES J.</b>	1.2 NAME	
STREET ADDRESS	<b>1700 NE 105 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUNNALLY, G. ANN</b>	2.2 NAME	<b>Laura McCaughan</b>
STREET ADDRESS	<b>1700 NE 105 STREET</b>	2.3 STREET ADDRESS	<b>1700 NE 105 Street</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	2.4 CITY-ST-ZIP	<b>Miami Shores, Fl. 33138</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, MARGARET M</b>	3.2 NAME	
STREET ADDRESS	<b>1700 N E 105TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AST</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>AST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUNNALLY, G. ANN</b>	4.2 NAME	<b>Thomas Hank Henderson</b>
STREET ADDRESS	<b>1700 N.E. 105TH ST.</b>	4.3 STREET ADDRESS	<b>1700 NE 105 Street</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	4.4 CITY-ST-ZIP	<b>Miami Shores, Fl. 33138</b>
TITLE	<b>AST</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>AST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MENNES, CHARLES J</b>	5.2 NAME	<b>Richard Spaulding</b>
STREET ADDRESS	<b>1700 NE 105 ST</b>	5.3 STREET ADDRESS	<b>1700 NE 105 Street</b>
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	5.4 CITY-ST-ZIP	<b>Miami Shores, Fl. 33138</b>
TITLE	<b>AST</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRILICK, STANLEY</b>	6.2 NAME	
STREET ADDRESS	<b>1700 NE 105 STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Margaret M. Jenkins* **Margaret M. Jenkins** 2/19/97 305-893-6741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029439

CR2E037 (9/96)