

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. 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</b>	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
25	30		

3. Date Incorporated or Qualified <b>07/21/1964</b>
4. FEI Number <b>59-1095398</b>
Applied For 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**POLIAKOFF, GARY A.  
6520 N. ANDREWS AVENUE  
FT. LAUDERDALE FL 33310-8057**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MENNES, CHARLES J.	
STREET ADDRESS	1700 NE 105 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCAUGHAN	
STREET ADDRESS	1700 NE 105 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, MARGARET M	
STREET ADDRESS	1700 N E 105TH ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	HENDERSON, THOMAS HANK	
STREET ADDRESS	1700 N.E. 105TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	SPAULDING, RICHARD	
STREET ADDRESS	1700 NE 105 ST	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Wetterer	
1.3 STREET ADDRESS	1700 N.E. 105 Street #112	
1.4 CITY-ST-ZIP	Miami Shores, Fl. 33138	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	G. Ann Nunnally	
2.3 STREET ADDRESS	1700 N.E. 105 Street #106	
2.4 CITY-ST-ZIP	Miami Shores, FL. 33138	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Spaulding	
3.3 STREET ADDRESS	1700 N.E. 105 Street #315	
3.4 CITY-ST-ZIP	Miami Shores, FL. 33138	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leonard Weiner	
5.3 STREET ADDRESS	1700 N.E. 105 Street #302	
5.4 CITY-ST-ZIP	Miami Shores, Fl. 33138	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: \_\_\_\_\_ DATE: **04/07/98**

CR2E037 (10/97)