


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90344 039 ****61.25

DOCUMENT # 707621					
1. Entity Name THE SHORES CONDOMINIUM, INC.					
Principal Place of Business 1700 NORTHEAST 105TH STREET MIAMI, FL 33138			Mailing Address 1700 NORTHEAST 105TH STREET MIAMI, FL 33138		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1095398	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARQUEZ, ESTHER 1700 N.E. 105 STREET UNIT 416 MIAMI, FL 33138				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Lucretia S. Payton Treas</i>				DATE: <i>Apr. 27, 2006</i>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARQUEZ, ESTHER			NAME	O'Connor, Maureen
STREET ADDRESS	1700 NE 105 STREET, #416 417			STREET ADDRESS	1700 NE 105 STREET, #413
CITY-ST-ZIP	MIAMI SHORES, FL 33138			CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAMAYO, JOSUE			NAME	Rodriguez, Jorge
STREET ADDRESS	1700 NE 105 STREET, #407			STREET ADDRESS	1700 NE 105 STREET, #512
CITY-ST-ZIP	MIAMI SHORES, FL 33138			CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	ASTD	<input type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAYTON, LUCRETIA			NAME	Morosco, Bill
STREET ADDRESS	1700 NE 105 STREET #113			STREET ADDRESS	1700 NE 105 STREET, #217
CITY-ST-ZIP	MIAMI SHORES, FL 33138			CITY-ST-ZIP	MIAMI SHORES FL 33138
TITLE	AST	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	CALLAHAN, WJ			NAME	
STREET ADDRESS	1700 NE 105 ST .#419			STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES, FL 33138			CITY-ST-ZIP	
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	STEIN, JAY DR			NAME	
STREET ADDRESS	1700 NE 105 ST #402			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Lucretia S. Payton Treas</i>				DATE: <i>Apr. 27, 2006</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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