


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90039 042 \*\*\*\*61.25

<b>DOCUMENT # 727647</b>					
1. Entity Name SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 GULF SHORE DR. DESTIN, FL 32541 US			Mailing Address P.O. BOX 414 DESTIN, FL 32540 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWMAN, JR., RAYMOND F PARADISE VILLAGE 348 MIRACLE STRIP PKWY STE. 7 FORT WALTON BEACH, FL 32548				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER, JEFFREY			NAME	Brizeak James
STREET ADDRESS	4605 OLD SHELL RD			STREET ADDRESS	250 Friendship Church Road
CITY-ST-ZIP	MOBILE, AL 36608			CITY-ST-ZIP	Brooks, GA 30205
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, NORMA			NAME	
STREET ADDRESS	900 GULF SHORE DR 3112			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			CITY-ST-ZIP	
TITLE	D Treasurer	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GINGER			NAME	
STREET ADDRESS	6220 SHERIDAN OAKS DRIVE			STREET ADDRESS	
CITY-ST-ZIP	BEAUMONT, TX 77706			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARBURTON, JOHN			NAME	
STREET ADDRESS	900 GULF SHORE DRIVE #3084			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32540			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, CRAIG			NAME	
STREET ADDRESS	900 GULF SHORE DRIVE, # 1094			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32540			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DESSIE			NAME	
STREET ADDRESS	900 GULF SHORE DR 2123			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32541			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: <u>William S. Mizer</u>				Date: <u>3/3/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	

66002774



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1647251 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL

Zip Code

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #