

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 7:19

DOCUMENT # 751991 (1)

1. Corporation Name

SHORE SIDE CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 858 S DIXIE HWY LANTANA FL 33462	Mailing Address 958 S DIXIE HWY LANTANA FL 33462
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3. Date Incorporated or Qualified 04/14/1980	3a. Date of Last Report 09/27/1994
4. FEI Number 59-2040379	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JAKKOLA, ANNE
958 S DIXIE HWY
LANTANA FL 33462

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	VD
NAME	GENEVIEVE, FRANK
STREET ADDRESS	720 N DIXIE HWY #305
CITY - ST - ZIP	LANTANA FL 33462
TITLE	PD
NAME	SIKANEN, PENTTI
STREET ADDRESS	720 NORTH DIXIE HWY., #602
CITY - ST - ZIP	LANTANA FL 33462
TITLE	SD
NAME	SAAD, ELGA
STREET ADDRESS	720 N DIXIE HWY, #505
CITY - ST - ZIP	LANTANA FL 33462
TITLE	D
NAME	NISKANEN, HEIDI
STREET ADDRESS	720 N DIXIE HWY #503
CITY - ST - ZIP	LANTANA FL 33462
TITLE	D
NAME	HANNONEN, EDITH
STREET ADDRESS	720 N DIXIE HWY #105
CITY - ST - ZIP	LANTANA FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	IRMELE LAINI	
1.3 STREET ADDRESS	720 N DIXIE HWY #102	
1.4 CITY - ST - ZIP	LANTANA FL 33462	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SECRET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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)(k), 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 my address.

SIGNATURE: [Signature] 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #