2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 751991 May 16, 2000 8:00 am Secretary of State SHORE SIDE CONDOMINIUM ASSOCIATION, INC. 05-16-2000 90057 031 ****61.25 Principal Place of Business Mailing Address 958 S DIXIE HWY 958 S DIXIE HWY LANTANA FL 33462 LANTANA FL 33462-4653 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2040379 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JAAKKOLA, ANNE 958 S DIXIE HWY LANTANA FL 33462 Zip Code City 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. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition VPD -TITLE TITLE elete 20090414 NAME NAME Pajunen, Velkko- JOH HOWESTAID, OU OF CR2E037 STREET ADDRESS STREET ADDRESS 720 N'DIXIE HWY CITY-ST-ZIP LAUTAUA CITY-ST-ZIP Lantana-fl:--☐ Addition Change TITLE ☐ Delete TITLE NAME SIIKANEN, PENTTI NAME STREET ADDRESS STREET ADDRESS 720 NORTH DIXIE HWY #104 CITY-ST-ZIP CITY-\$T-ZIP Lantana Fl Addition TITLE SD-Delete Delete TITLE の何づマアと同し NAME Levinson, Georgette NAME NO. DIXIE HWY # 601 STREET ADDRESS STREET ADDRESS 720 N-DIXIE HWY: #103 CITY-ST-ZIP AUATUA CITY-ST-7IP ANTANA FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 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 attach, an address, with all other like empowered

SHEEP COURED

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: