


**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 751991
 1. Entity Name
SHORE SIDE CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

10088463

2. Principal Place of Business
ASSOCIATED PROPERTY MGMT
 Suite, Apt. #, etc.
1928 LAKE WORTH RD
 City & State
LAKE WORTH, FL
 Zip
33461 Country
USA

3. Mailing Address
ASSOCIATED PROPERTY MGMT
 Suite, Apt. #, etc.
1928 LAKE WORTH RD
 City & State
LAKE WORTH, FL
 Zip
33461 Country
USA

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4. FEI Number Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent
 Name
ASSOCIATED PROPERTY MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH RD
 City
LAKE WORTH FL Zip Code
33461

**DO NOT WRITE
 IN THIS SPACE**

I, the above named entity, submit 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 [Signature] Agent 4/24/03
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent Signature required when reissuing) DATE

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAIJA PARATORE 720 N. DIXIE HWY #206 LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETER PIIRA 906 COSMOSCOURT WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAEBURN HAMMOND 720 N. DIXIE HWY # 503 LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAIJA PARATORE 720 N. DIXIE HWY #206 LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENTTI SIKKANEN 232 GLEN EAGLES DRIVE ATLANTIS, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raija Paratore RAIJA PARATORE 4/21/03 561-546-5474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #