


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90253 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754167**

1. Corporation Name  
**SHORE CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 3803 NE 166TH ST N. MIAMI BEACH FL 33160 US	Mailing Address 3803 NE 166TH ST N. MIAMI BEACH FL 33160 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/15/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2283189
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

CORTON, HECTOR 3803 NE 166TH ST N. MIAMI BEACH FL 33160	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME <b>COHEN, JEFFREY ROY</b>		1.2 NAME	
STREET ADDRESS <b>3807 NE 166 ST.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>N.MIAMI BCH FL 33160</b>		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME <b>FERNANDEZ, JOSE</b>		2.2 NAME	
STREET ADDRESS <b>3835 N.E. 166TH STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NORTH MIAMI BEACH FL 33160</b>		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME <b>CORTON, HECTOR</b>		3.2 NAME	
STREET ADDRESS <b>3803 NE 166TH ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>N MIAMI BCH FL 33160</b>		3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME <b>LERNER, MARTIN R</b>		4.2 NAME	
STREET ADDRESS <b>3823 NE 166TH ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>N MIAMI BEACH FL 33160</b>		4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME <b>LERNER, ROSEANNE</b>		5.2 NAME	
STREET ADDRESS <b>3823 NE 166 ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>N MIAMI BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME <b>CORTON, DOLLY</b>		6.2 NAME	
STREET ADDRESS <b>3803 NE 166TH ST</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>N MIAMI BCH FL 33160</b>		6.4 CITY-ST-ZIP	

14. 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 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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **Jeffrey Roy Cohen** Date: **4/26/99** Daytime Phone #: **305-940-1985**

CR2E037 (1/98)