


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 019 ****61.25

DOCUMENT # N03000000543

1. Entity Name
 SHORES POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
 7777 NORTH A1A
 VERO BCH, FL 32963

Mailing Address
 7777 NORTH A1A
 VERO BCH, FL 32963

94079415



2. Principal Place of Business
 2523 Burns Road

3. Mailing Address
 2523 Burns Road

Suite, Apt. #, etc.

03312004 Chg-NP CR2E037 (10/03)

City & State
 Palm Beach Gardens, FL

City & State
 Palm Beach Gardens, FL

Zip
 33410

Country
 USA

4. FEI Number Applied for. Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

JECK, PHILIPPE C
 1061 E. INDIANTOWN RD., SUITE 400
 JUPITER, FL 33477

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

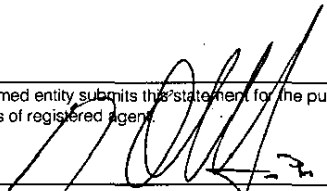
7. Name and Address of New Registered Agent

Name
 Guy M. DiVosta

Street Address (P.O. Box Number is Not Acceptable)
 2523 Burns Road

City
 Palm Beach Gardens FL Zip Code
 33410

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  Guy M. DiVosta, President DATE 4-8-04

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

Filing Fee is \$61.25
Due by May 1, 2004

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	PDT SIMPSON, R. MASON 7777 NORTH A1A VERO BCH, FL 32963	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALUI, GENE 8217 STEEPLECHASE DR. PALM BCH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, PHILLIP 4500 PGA BLVD., SUITE 207 PALM BCH GARDENS, FL 33418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS Guy M. DiVosta 2523 Burns Road Palm Beach Gardens, FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address with all other like empowered.

SIGNATURE:  Phillip Brandt Date 4/1/04 Daytime Phone # 561-691-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR