2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N08821 01-10-2007 90043 016 ****61.25 SUPÉR 8 SHOPPES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40000711 8127 SE WOODLAKE LN. 4152 W. BLUE HERON BLVD. #128 HOBE SOUND, FL 33455 RIVIERA BEACH, FL 33404-1858 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4152 WEST BLUE HERON BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-NP CR2E037 (12/06) #199-4. FEI Number 59-2747820 City & State Applied For City & State IVIEZA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33404 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NARAMORE, NANCY 8127 SE WOODLAKE LN Street Address (P.O. Box Number is Not Acceptable) HOBE SOUND, FL 33455 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete. TITLE Change ■ Addition TITLE SCHAEFER, CONRAD W. NAME NAME STREET ADDRESS 11459 OLD HARBOUR ROAD STREET ADDRESS NORTH PALM BEACH, FL CITY-ST-ZIP CITY-ST-ZIP > Change TITLE ☐ Delete TITLE ☐ Addition NAME HORNIK, NANCY NARAMERE NANCY 8127 SE WOODLAKE LANE STREET ADDRESS 11312 GLEN OAKS CT STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP HOBE SOUND FL 33450 CITY-ST-ZIP Delete TITLE TITLE PRESIDENT ONLY Change ☐ Addition NUTTER, ROBERTS NAME NAME 4151 W. BLUE HERON BLVD #122 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33404 CITY-ST-ZIP **S**Delete TITLE Change ■ Addition TITLE NARAMORE, NANCY NAME RAME 8127 SE WOODLAKE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP DIRECTOR ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME ROBERT O'BRIAN 415 WEST RIVE HERON BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED Jan 10, 2007 8:00 am

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Mesey	Trasamore	MANCY NARAMORE	1/8/07	561-626-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	