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FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12753 (2)

1. Corporation Name

SHOREWALK CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.



Principal Place of Business

Mailing Address

CONDOMINIUM MGT INC  
1801 GLENGARY ST  
SARASOTA FL 34231-3603  
US

CONDOMINIUM MGT INC  
1801 GLENGARY ST  
SARASOTA FL 34231-3603  
US

3. Date Incorporated or Qualified  
12/27/1985

3a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2673319

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MGT INC  
1801 GLENGARY ST  
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	PD	<input type="checkbox"/> DELETE
NAME	PILON, MICHEL	
STREET ADDRESS	1352 CR LANCASTER	
CITY-ST-ZIP	CORNWALL, ONTARIO, CANADA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, JEAN-PAUL	
STREET ADDRESS	RR2 2135 COUNT RD NB26	
CITY-ST-ZIP	PLNATAGENET, ONTARIO, CANADA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRISSON, JEAN-ROCH	
STREET ADDRESS	720 NOTRE DAME	
CITY-ST-ZIP	EMBRUN, ONTARIO, CANADA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUCEY, GILBERT	
STREET ADDRESS	4450 47TH AVE., W., #103	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARDINAL, CLEMENT	
STREET ADDRESS	411 CANNES	
CITY-ST-ZIP	GATINEAU, QUEBEC, CANADA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, P. RICHARD	
STREET ADDRESS	1801 GLENGARY STREET	
CITY-ST-ZIP	SARASOTA FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Richard Clark  
4/30/97 941-921-5393

Date

Daytime Phone # 0060887

CR2E037 (9/96)