



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N12753					
1. Entity Name SHOREWALK CONDOMINIUM ASSOCIATION OF MANATEE COUNTY, INC.					
Principal Place of Business C&S CONDO. MGMT. SERVICES, INC. 4301 32ND ST. W., STE. A19 BRADENTON, FL 34205 US			Mailing Address C&S CONDO. MGMT. SERVICES, INC. 4301 32ND ST. W., STE. A19 BRADENTON, FL 34205 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2673319	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C&S CONDOMINIUM MGMT. SERVICES, INC. 4301 32ND ST. W., STE. A19 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registrant agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____</small>					
Filing Fee is \$81.25 Due by May 1, 2004		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOVIN, RICHARD		NAME		
STREET ADDRESS	5226 CORTEZ RD. W #104		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLETCHER, ROBERT		NAME		
STREET ADDRESS	241 KENNEDY LANE W		STREET ADDRESS		
CITY-ST-ZIP	ORLEANS ONTARIO, CA k1e1g5		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETRELLI, PHIL		NAME		
STREET ADDRESS	88 LAFLECHE		STREET ADDRESS		
CITY-ST-ZIP	GALINEAU QUEBEC, CA j8r727		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANK, RON		NAME		
STREET ADDRESS	2000 PLEAGENT ST #1002		STREET ADDRESS		
CITY-ST-ZIP	SODBURY ONTARIO, CA p3est5		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Schaefer, Berny		NAME		
STREET ADDRESS	4453 46th AVE W		STREET ADDRESS		
CITY-ST-ZIP	Bradenton, FL 34200		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kelly, David		NAME		
STREET ADDRESS	4411 46th AVE W		STREET ADDRESS		
CITY-ST-ZIP	Bradenton FL 34210		CITY-ST-ZIP		
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Day/Mo/Year Phone #</small>	