


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90188 039 ****61.25

DOCUMENT # N12753


1. Entity Name
SHOREWALK PALMS CONDOMINIUM ASSOCIATION, 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
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2673319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C&S CONDOMINIUM MGMT. SERVICES, INC.
 4301 32ND ST. W., STE. A19
 BRADENTON, FL 34205**

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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 _____ DATE _____
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, 2007**

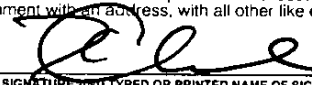
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRILLI, PHIL 4310 47TH AVE W. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHANK, RON 4601 46TH ST W BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, ANDY 4310 47TH AVE W. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUMAS, DAN 4310 47TH AVE W. BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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.

SIGNATURE:  **1-12-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #