

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90001 004 ****61.25

0062766

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N15067

1. Corporation Name

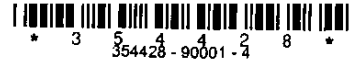
THE SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2401 GULF SHORE BLVD. NORTH
 NAPLES FL 33940

Mailing Address

2401 GULF SHORE BLVD. NORTH
 NAPLES FL 33940



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/22/1986

4. FEI Number

59-2681993

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

9. Name and Address of Current Registered Agent

SWALM, JOHN M III
 2375 TAMiami TRAIL NORTH
 SUITE 308
 NAPLES FL 33940

10. Name and Address of New Registered Agent

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 DELETE

TITLE PD
 NAME SCOTT, WILLIAM
 STREET ADDRESS 2401 GULF SHORE BLVD.N.
 CITY-ST-ZIP NAPLES FL

TITLE VD
 NAME BARTLETT, REED
 STREET ADDRESS 2401 GULF SHORE BLVD.N.
 CITY-ST-ZIP NAPLES FL

TITLE VD
 NAME HALL, ERLA
 STREET ADDRESS 2401 GULF SHORE BLVD.N.
 CITY-ST-ZIP NAPLES FL

TITLE SD
 NAME DAVIS, EDGAR G
 STREET ADDRESS 2401 GULF SHORE BLVD.N.
 CITY-ST-ZIP NAPLES FL

TITLE TD
 NAME CASE, WILLIAM L.
 STREET ADDRESS 2401 GULF SHORE BLVD N.
 CITY-ST-ZIP NAPLES FL 33940

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Edgar G. Davis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: April 8, 1999
 Daytime Phone #: 941-261-3289

CR2E037 (1/1/98)