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2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # N22144 04-09-2004 90075 003 ****61 25 1. Entity Name SHORELINE TERRACES II ASSOCIATION, INC. Principal Place of Business Mailing Address HARMONY MANAGEMENT HARMONY MANAGEMENT 44025448 4400 EL CONQUISTADOR PKWY 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210 BRADENTON, FL 34210 03242004 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0068670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAGERTY, JOHN A DO NOT WRITE 4400 EL CONQUISTADOR PKWY #13 BRADENTON, FL 34210 IN THIS SPACE 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 **\$5.00** May Be 9. Election Campaign Financing Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD NAME DADDIO, JOHN STREET ADDRESS 15 NOTCH HILL RD CITY-ST-ZIP N BRUNFORD, CT TITLE NAME HYNES, ANTHONY STREET ADDRESS 547 NEWBURY CT CITY-ST-ZIP SMITHFIELD, NH NAME HAYES, DANIEL STREET ADDRESS 872 AUDUBON DRIVE DO NOT WRITE CITY-ST-ZIP BRADENTON, FL IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED