

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22144

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: SHORELINE TERRACES II ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

FEI Number: 65-0068670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

HART, JAMES W JR.  
SENTRY MANAGMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

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.

SIGNATURE: JAMES W HART JR

04/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DADDIO, JOHN  
Address: 15 NOTCH HILL RD  
City-St-Zip: NORTH BRANFORD, CT 06471

Title: VPD ( ) Delete  
Name: HYNES, ANTHONY  
Address: 547 NEWBURY CT  
City-St-Zip: SMITHVILLE, NJ 08205

Title: TD ( ) Delete  
Name: HAYES, DANIEL  
Address: 872 AUDUBON DRIVE  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: TURNER, ROBERT  
Address: 110 OLD RIVER RD  
City-St-Zip: LINCOLN, RI 02865

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DADDIO

PD

04/18/2008

Electronic Signature of Signing Officer or Director

Date