

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16436 (0)

1. Corporation Name

SHORELINE TERRACES I ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% AMI
5899 WHITFIELD AVE SUITE 107
SARASOTA FL 34243
US

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5899 WHITFIELD AVE SUITE 107
SARASOTA FL 34243
US

3. Date Incorporated or Qualified
08/19/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2823633

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMI-CORONET MGMT
5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MULLER, PETER
STREET ADDRESS 803 AUDUBON DR
CITY-ST-ZIP BRADENTON FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Delete entirely,
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME PROVENZANO, MARILY DRYBORG
STREET ADDRESS 809 AUDUBON DR
CITY-ST-ZIP BRADENTON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Delete entirely
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME RECTOR, WALTER
STREET ADDRESS 820 AUDUBON DR
CITY-ST-ZIP BRADENTON FL

3.1 TITLE PD ☒ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME MCSPARREN, DONALD
STREET ADDRESS 819 AUDUBON DR
CITY-ST-ZIP BRADENTON FL

4.1 TITLE STD ☒ Change ☒ Addition
4.2 NAME McSparran, Mary Jane
4.3 STREET ADDRESS 819 Audubon Drive
4.4 CITY-ST-ZIP Bradenton, FL 34209

TITLE D ☐ DELETE
NAME MUMMAW, JOHN
STREET ADDRESS 828 AUDUBON DR
CITY-ST-ZIP BRADENTON FL

5.1 TITLE VPD ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/96

941/792-4797

CR2E037 (12/95)