

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 740466 (8)
 1. Corporation Name
SHORELAND ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % GARRY S BERGMAN, CPA, PA 499 NW 70 AVE. STE 116 PLANTATION FL 33317 US		Mailing Address % GARRY S BERGMAN, CPA, PA 499 NW 70 AVE. STE 116 PLANTATION FL 33317 US		3. Date Incorporated or Qualified 10/18/1977	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2077007 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KNIGHT, ALAN 3549 N.E. 171 STREET N. MIAMI BEACH FL 33160				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, ALAN		1.2 NAME	Jacob Brami	
STREET ADDRESS	3549 NE 171 ST.		1.3 STREET ADDRESS	3517 NE 171 street	
CITY-ST-ZIP	N MIAMI BCH FL		1.4 CITY-ST-ZIP	N. miami Bch FL 33160	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDMAN, RHODA		2.2 NAME	Michel Zirhen	
STREET ADDRESS	3533 NE 171ST ST		2.3 STREET ADDRESS	3525 NE 171 Street	
CITY-ST-ZIP	N MIAMI BCH FL		2.4 CITY-ST-ZIP	N Miami Bch FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TERRY		3.2 NAME	Doris E. Berriz	
STREET ADDRESS	3529 NE 171ST ST		3.3 STREET ADDRESS	3529 NE 171 St.	
CITY-ST-ZIP	N MIAMI BCH FL		3.4 CITY-ST-ZIP	N Miami Beach FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAST, TERRY		4.2 NAME	Jones, Terry	
STREET ADDRESS	3557 NE 171ST ST.		4.3 STREET ADDRESS	3537 NE 171 St	
CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, BARRY		5.2 NAME		
STREET ADDRESS	3553 NE 171ST ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: _____

CR2E037 (10/97)