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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 740466

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



2. Principal Place of Business

21

Suite, Apt., etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt., etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/18/1977

4. FEI Number

59-2077007

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

KNIGHT, ALAN
3549 N.E. 171 STREET
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

FRIEDMAN RHODA

82 Street Address (P.O. Box Number is Not Acceptable)

3533 N.E. 171 STREET

83

84 City

N. M. Beach

FL

85 Zip Code

33160

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

Rhoda Friedman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~BRAMY, JACOB~~ ☒ DELETE

NAME **BRAMY, JACOB**

STREET ADDRESS **3517 NE 171ST ST**

CITY-ST-ZIP **N MIAMI BCH FL 33160**

TITLE **TD** ☐ DELETE

NAME **ZIRHEN, MICHAEL**

STREET ADDRESS **3525 NE 171ST STREET**

CITY-ST-ZIP **N MIAMI BCH FL 33160**

TITLE **S** ☒ DELETE

NAME **BERRIZ, DORIS E**

STREET ADDRESS **3529 NE 171ST STREET**

CITY-ST-ZIP **N MIAMI BCH FL 33160**

TITLE **VPD** ☐ DELETE

NAME **JONES, TERRY**

STREET ADDRESS **3537 NE 171ST STREET**

CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD. RHODA FRIEDMAN** ☒ Change ☐ Addition

1.2 NAME **3533 N.E. 171 STREET**

1.3 STREET ADDRESS **N. M. B. FL. 33160**

1.4 CITY-ST-ZIP

2.1 TITLE **S. COREY AUGENSTEN** ☒ Change ☐ Addition

2.2 NAME **3529 N.E. 171 STREET**

2.3 STREET ADDRESS **N. M. B. FL 33160**

2.4 CITY-ST-ZIP

3.1 TITLE **OFFICERS** ☒ Change ☐ Addition

3.2 NAME **BRAMY JACOB**

3.3 STREET ADDRESS **3517 N.E. 171 ST.**

3.4 CITY-ST-ZIP **N. M. B. FL 33160**

4.1 TITLE **OFFICER** ☒ Change ☐ Addition

4.2 NAME **MEYERS, BARRY**

4.3 STREET ADDRESS **3553 N.E. 171 ST.**

4.4 CITY-ST-ZIP **N. M. B. FL 33160**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Daytime Phone #

CR2E037_ (11/98)