

CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 13 AM 10:43

1. Corporation Name

SHORELINE TERRACES II
ASSOCIATION, INC

DOCUMENT #

N 22144

Mailing Address

Principal Place of Business

HARMONY MANAGEMENT
P.O. BOX 10067
BRADENTON, FL 34282

HARMONY MANAGEMENT
P.O. BOX 10067
BRADENTON, FL 34282

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
26		26		8-20-87		1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
27		27		65-0068670		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
28		28		\$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/>	
Zip		Zip		7. Nonprofit Exempt from \$138.75 Supplemental Fee		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25		29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AM1
5899 Whitfield
San 34243
(Former - 1999)

81 Name JOHN A. HAGERTY
82 Street Address (P.O. Box Number is Not Acceptable) 4400 EL CONQUISTADOR PKWY #13
83
84 City BRADENTON FL 85 Zip Code 34210

Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

Signature of Registered Agent

C.A.M.

DATE 9-8-00

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning.)

OFFICERS AND DIRECTORS

13.

CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PRES D		1.1 TITLE		600003400806--4 -09/21/00--01024--021 *****61.25 *****61.25	
2. NAME JOHN DADDIO		1.2 NAME			
3. STREET ADDRESS 15 NOTCH HILL RD		1.3 STREET ADDRESS			
4. CITY-ST-ZIP N BRUNFORD CT		1.4 CITY-ST-ZIP			
5. TITLE VICE PRES D		2.1 TITLE		BRG/14	
6. NAME ANTHONY HYNES		2.2 NAME			
7. STREET ADDRESS 547 NEWBURY CT		2.3 STREET ADDRESS			
8. CITY-ST-ZIP SMITHFIELD NJ		2.4 CITY-ST-ZIP			
9. TITLE SEC-TREAS D		3.1 TITLE			
10. NAME DAN HAYES		3.2 NAME			
11. STREET ADDRESS 872 AUDUBON		3.3 STREET ADDRESS			
12. CITY-ST-ZIP BRADENTON FL		3.4 CITY-ST-ZIP			
13. TITLE		4.1 TITLE			
14. NAME		4.2 NAME			
15. STREET ADDRESS		4.3 STREET ADDRESS			
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP			
17. TITLE		5.1 TITLE			
18. NAME		5.2 NAME			
19. STREET ADDRESS		5.3 STREET ADDRESS			
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP			
21. TITLE		6.1 TITLE			
22. NAME		6.2 NAME			
23. STREET ADDRESS		6.3 STREET ADDRESS			
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or 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 #