

CORPORATION  
ANNUAL REPORT\*



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

2000

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 14 PM 12:45

Corporation Name

DOCUMENT #

SHORELINE TERRACES I (1)  
ASSOCIATION, INC

N 16436

Mailing Address

Principal Place of Business

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

Harmony Mgt  
4400 El Conquistador Pkwy #13  
Bradenton FL 34210

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

DO NOT WRITE IN THIS SPACE

Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
Suite, Apt. #, etc.		26		4. FEI Number		Applied For	
City & State		27		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
Zip		28		7. Nonprofit Exempt from \$138.75 Supplemental Fee		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Country		29		85		Zip Code	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN A. HAGERTY FORMER: (999)  
HARMONY MGT  
5899 Whitefield  
SAR  
34243  
HARMONY MANAGEMENT  
P.O. BOX 10067  
BRADENTON, FL 34282

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

DATE 9-8-00

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PRES. D.	SANDRA SWIGART	819 AUDUBON DR	BRADENTON FL 34209				
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP				
VICE PRES. D.	MARJORIE REBEL	801 AUDUBON DR	BRADENTON FL 34209				
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP				
SECY. D.	DON McSPARRAN	819 AUDUBON DR	BRADENTON FL 34209				
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP				
TREAS. D.	GARY METCALF	815 AUDUBON	BRADENTON FL 34209				
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP				
DAVID LIDDEL		810 AUDUBON	BRADENTON FL 34209				
6.1 TITLE	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 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: Dana Swigart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-8-00