


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90128 029 ****61.25

DOCUMENT # 740466

1. Entity Name
SHORELAND ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 % GARRY S BERGMAN, CPA, PA % GARRY S BERGMAN, CPA, PA
 8211 W BROWARD BLVD #440 8211 W BROWARD BLVD #440
 FORT LAUDERDALE, FL 33324 US FORT LAUDERDALE, FL 33324 US

24045572



2. Principal Place of Business		3. Mailing Address		01192004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2077007		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KNIGHT, ALLEN 3549 NE 171 ST NORTH MIAMI BEACH, FL 33160				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, ALLEN			NAME			
STREET ADDRESS	3549 NE 171 ST			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAM, MICHEL			NAME	HARVEY FRIEDMAN		
STREET ADDRESS	3501 N.E. 171 STREET			STREET ADDRESS	3533 N.E. 171 STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, RHODA			NAME	JANET MILIAN		
STREET ADDRESS	3533 NE 17 ST			STREET ADDRESS	3517 NE 171 STREET		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYERS, BARRY			NAME			
STREET ADDRESS	3533 NE 171ST			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: X  PRESIDENT Date: 4/14/04 Daytime Phone: _____