


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90992 049 ****61.25

DOCUMENT # 724325	
1. Entity Name SHOREHAM CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 125 SHORE COURT NORTH PALM BEACH FL 33408	Mailing Address 125 SHORE COURT NORTH PALM BEACH FL 33408
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2. Principal Place of Business ASSOCIATED PROPERTY MANAGEMENT Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA	3. Mailing Address ASSOCIATED PROPERTY MANAGEMENT Suite, Apt. #, etc. 1928 LAKE WORTH RD. City & State LAKE WORTH, FL Zip 33461 Country USA
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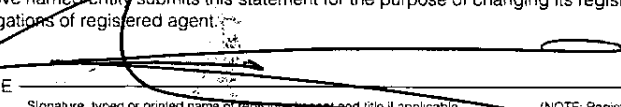


MOORE CR2E037 (11/03)

4. FEI Number 59-1685895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, MARCO 125 SHORE COURT NORTH PALM BEACH FL 33408
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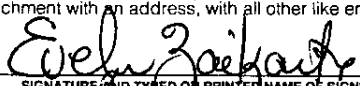
7. Name and Address of New Registered Agent Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1928 LAKE WORTH RD City LAKE WORTH FL Zip Code 33461
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8. The above named entity submits this statement for the purpose 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  DATE 4/22/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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	
TITLE PD	<input type="checkbox"/> Delete
NAME ZAİKARITE, EVELYN	
STREET ADDRESS 125 SHORE CT 201B	
CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME BRUCE, MARGARET	
STREET ADDRESS 125 SHORE CT 301B	
CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME SOMDOWITZ, TICIA H	
STREET ADDRESS 125 SHORE CT 301 A	
CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME MEEKS, SHARON	
STREET ADDRESS 125 SHORE CT 105 B	
CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHARUMPF, ALDA	
STREET ADDRESS 125 SHORE CT. #104B	
CITY-ST-ZIP NO. PALM BEACH, FL 33408	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SLOMOWITZ, TRICIA	
STREET ADDRESS 125 SHORE CT. # 301A	
CITY-ST-ZIP NO. PALM BEACH, FL 33408	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LETTERA FRANK	
STREET ADDRESS 125 SHORE CT. # 304A	
CITY-ST-ZIP NO. PALM BEACH, FL 33408	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRUCE, MARGARET	
STREET ADDRESS 125 SHORE CT. #301B	
CITY-ST-ZIP NO. PALM BEACH, FL 33408	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 empowered.	
SIGNATURE: 	Date 4-16-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #