

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90296 042 \*\*\*\*61.25

**DOCUMENT # N16436**

1. Entity Name  
SHORELINE TERRACES I ASSOCIATION, INC.



Principal Place of Business  
HARMONY MANAGEMENT  
4400 EL CONQUISTADOR PKWY #1  
BRADENTON, FL 34210 US

Mailing Address  
4400 EL CONQUISTADOR SUITE 1  
BRADENTON, FL 34210

**20042558**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2823633

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAGERTY, JOHN  
4400 EL CONQUISTADOR PKWY  
SUITE 1  
BRADENTON, FL 34210

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BERSMAN, CHARLES  
STREET ADDRESS 5118 VALLEYSTREAM LN.  
CITY-ST-ZIP MACUNGIE, PA 18062

TITLE PD ☒ Change ☐ Addition  
NAME BERSMAN, CHARLES  
STREET ADDRESS 5118 VALLEYSTREAM LN.  
CITY-ST-ZIP MACUNGIE, PA 18062

TITLE VD ☒ Delete  
NAME EBEL, MARJORIE  
STREET ADDRESS 801 AUDUBON DR  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE VP/SEC ☐ Change ☒ Addition  
NAME WALKER, JACQUELINE  
STREET ADDRESS 815 AUDUBON BLVD.  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE DT ☐ Delete  
NAME RAGADALE, VIVIAN  
STREET ADDRESS 818 AUDUBON DR  
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Vivian Ragadale*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #