

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90029 041 \*\*\*\*61.25

**DOCUMENT # 724325**

1. Entity Name

SHOREHAM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ASSOCIATE PROPERTY MGMT.  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

Mailing Address

ASSOCIATE PROPERTY MGMT.  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1685895

Applied For

Not Applicable

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

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE PD  
NAME ZAIKARITE, EVELYN ☐ Delete  
STREET ADDRESS 125 SHORE CT 201B  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE SD  
NAME HALEY, FRANK ☐ Delete  
STREET ADDRESS 125 SHORE COURT #302B  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE TD ☒ Delete  
NAME LETTERA, FRANK  
STREET ADDRESS 125 SHORE CT., #304A  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE D ☒ Delete  
NAME BRUCE, MARGARET  
STREET ADDRESS 125 SHORE CT., #301B  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VD ☒ Delete  
NAME SCHRUMPF, ALBA  
STREET ADDRESS 125 SHORE CT., #104B  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition  
NAME BRUCE-MARGARET  
STREET ADDRESS 125 SHORE CT. #301B  
CITY-ST-ZIP NO. PALM BEACH, FL 33408

TITLE D ☐ Change ☒ Addition  
NAME MILLER, JOHN PAUL  
STREET ADDRESS 125 SHORE CT. #306A  
CITY-ST-ZIP NO. PALM BEACH, FL 33408

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

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

TITLE ☐ Change ☐ Addition  
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 exemptions contained in Section 119, 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:

*Evelyn Zaikarte* Evelyn Zaikarte 3-10-06 (561) 845-6804