

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 NOV 13 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 07

08152007 CRG-NP CR2E037 (12/06)

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 Florida 1st Association Management
Street Address (P.O. Box Number is Not Acceptable)
1165 E. Blue Heron Blvd., Suite K
City Jupiter FL Zip Code 33458

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

Lauren Davis, LCM

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 September 14, 2007

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

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

TITLE D ☒ Delete
NAME MILLER, JOHN PAUL
STREET ADDRESS 125 SHORE CT 306A
CITY-ST-ZIP NORTH PALM BEACH, FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME ALBA SCHRUMPF
STREET ADDRESS 125 SHORE CT, 104B
CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME WALTER LEONHARDT
STREET ADDRESS 125 SHORE CT, 106A
CITY-ST-ZIP

TITLE JOYCE BROCKMAN ☐ Change ☒ Addition
NAME TREASURER
STREET ADDRESS 125 SHORE CT, 105A
CITY-ST-ZIP

TITLE SECRETARY ☐ Change ☒ Addition
NAME TRICIA SLOWWITZ
STREET ADDRESS 301A 125 SHORE CT, 301A
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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Seep

9/7/07 501.848.8208

Date

Daytime Phone #