

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90019 033 \*\*\*\*61.25

<b>DOCUMENT # N94000001191</b>					
<b>1. Entity Name</b> THE SHORES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 18900 OCEAN MIST DRIVE BOCA RATON, FL 33498 US			<b>Mailing Address</b> GRS MANAGEMENT ASSOCIATES, INC 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0536881	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HEIDLER LADWIG, PATTI P.A. 12765 FOREST HILL BLVD SUITE 1312 WELLINGTON, FL 33414			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> KLEIN, EDWARD <b>STREET ADDRESS</b> 11448 SEA GRASS CIRCLE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SP <b>NAME</b> Frank Mulhall Esq. <b>STREET ADDRESS</b> 1147 Sandy Shell Way <b>CITY-ST-ZIP</b> Boca Raton, FL 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> GREENE, FELICE <b>STREET ADDRESS</b> 18736 OCEAN MIST DRIVE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> Howard Klein <b>STREET ADDRESS</b> 18523 Ocean Mist Dr. <b>CITY-ST-ZIP</b> Boca Raton, FL 33498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> ROSENHOUSE, HOWARD <b>STREET ADDRESS</b> 18718 SEA TURTLE LN <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 2VP <b>NAME</b> SIEGEL, BARBARA <b>STREET ADDRESS</b> 11332 SEA GRASS CIRCLE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> BURKHOLZ, RHODA <b>STREET ADDRESS</b> 11223 SEA GRASS CIRCLE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33498	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Howard Rosenhouse</i>			Feb. 8, 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		