


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90028 050 ****61.25

DOCUMENT # N04000008945	
1. Entity Name SHORELINE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 8514 NW 165 TERR. MIAMI LAKES, FL 33016	Mailing Address 8514 NW 165 TERR. MIAMI LAKES, FL 33016
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DO NOT WRITE IN THIS SPACE



04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number 16-1667681	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 FERRER, JOSE 8514 NW 165 TERR MIAMI LAKES, FL 33016

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IN THIS SPACE**

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRER, JOSE 8514 NW 165 TERR. MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BESU, ROGER 1925 BRICKELL AVE., SUITE D206 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARRERO, HECTOR 1925 BRICKELL AVE., SUITE D206 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, 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 *Jose Ferrer* **JOSE FERRER** **4/15/08** **705-8274220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #