

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 724325</b> 1. Entity Name <b>SHOREHAM CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 NOV -4 AM 9:55</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404</b>				Mailing Address <b>1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 <b>REINSTATEMENT</b> 08 10-24-08 10:00 AM 10-24-08 10:00 AM 10-24-08 10:00 AM			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-1685895</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FLORIDA 1ST ASSOCIATION MANAGEMENT 1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>Larry Sanborn</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to <b>Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHRUMPF, ALBA</b> <b>125 SHORE CT, 104B</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700137609167</b> <b>11/04/08--01025--002 **122.50</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LEONHARDT, WALTER</b> <b>125 SHORE COURT #106A</b> <b>NORTH PALM BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP</b> <b>LEITERA, FRANK</b> <b>1365 SW ACKARD AV</b> <b>PORT ST. LUCIE, FL 34953</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROCKMAN, JOYCE</b> <b>125 SHORE CT, #105A</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>LEAVITT-HOLLAND, DANA</b> <b>125 SHORE COURT #103A</b> <b>NORTH PALM BEACH, FL 33408</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SLOMOWITZ, TRICIA</b> <b>125 SHORE CT, #301A</b> <b>NORTH PALM BEACH, FL 33408</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Alba Schumpf</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10/27/08</u> DAYTIME PHONE # <u>561-257-1302</u>			