

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724325

FILED
Apr 29, 2009
Secretary of State

Entity Name: SHOREHAM CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1165 E. BLUE HERON BLVD
SUITE K
RIVIERA BEACH, FL 33404

New Principal Place of Business:

8895 N. MILITARY TRAIL
SUITE 203D
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

1165 E. BLUE HERON BLVD
SUITE K
RIVIERA BEACH, FL 33404

New Mailing Address:

8895 N. MILITARY TRAIL
SUITE 203D
PALM BEACH GARDENS, FL 33410

FEI Number: 59-1685895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA 1ST ASSOCIATION MANAGEMENT
1165 E. BLUE HERON BLVD
SUITE K
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

FLORIDA 1ST ASSOCIATION MANAGEMENT
8895 N. MILITARY TRAIL
SUITE 203D
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHRUMPF, ALBA
Address: 125 SHORE CT, 104B
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V () Delete
Name: LEITERA, FRANK
Address: 1365 SW ACKARD AV
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T () Delete
Name: BROCKMAN, JOYCE
Address: 125 SHORE CT, #105A
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: SLOMOWITZ, TRICIA
Address: 125 SHORE CT, #301A
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Delete
Name: LEAVITT-HOLLAND, DANA
Address: 125 SHORE COURT #103A
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: FURLIN, HERMES
Address: 125 SHORE CT
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY LANKTON

GM

04/29/2009

Electronic Signature of Signing Officer or Director

Date