

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-24-2003 90178 046 ****61.25

DOCUMENT # 724325

1. Entity Name

SHOREHAM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**125 SHORE COURT
NORTH PALM BEACH FL 33408**

Mailing Address

**125 SHORE COURT
NORTH PALM BEACH FL 33408**

2. Principal Place of Business

125 Shore Ct.

3. Mailing Address

125 Shore Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

No. Palm Beach FL 3

City & State

No. Palm Beach FL

Zip

33408

Country

Zip

33408

Country

4. FEI Number **59-1685895**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PEREZ, MARCO
125 SHORE COURT
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name: **Evelyn Zai-Karite**
Street Address (P.O. Box Number is Not Acceptable) **125 Shore Ct. #201-B**
City **No. Palm Beach** FL Zip Code **33408**

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

Evelyn Zai-Karite

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-03

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **ROBBINS, LARRY**
STREET ADDRESS **1411 KILGORE LANE**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **VPD** ☒ Delete
NAME **PEREZ, MARCO**
STREET ADDRESS **125 SHORE COURT**
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **ST** ☒ Delete
NAME **HALEY, FRANCIS**
STREET ADDRESS **125 SHORE COURT APT 302B**
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **AS** ☐ Delete
NAME **SLOMOWITZ, TRICIA H**
STREET ADDRESS **125 SHORE CT**
CITY-ST-ZIP **N PALM BEACH FL 33408**

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 **PD** ☒ Change ☐ Addition
NAME **Evelyn Zai-Karite**
STREET ADDRESS **125 shore court #201B**
CITY-ST-ZIP **N. P. B. FL 33408** **President**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Margaret Bruce**
STREET ADDRESS **125 shore court #301B**
CITY-ST-ZIP **NPB FL 33408** **Vice President**

TITLE **S** ☐ Change ☐ Addition
NAME **Francis-Haley**
STREET ADDRESS **125. Shore court # 302B**
CITY-ST-ZIP **NPB FL 33408** **Secretary**

TITLE **T** ☐ Change ☐ Addition
NAME **Tricia H Slomowitz**
STREET ADDRESS **125 Shore court # 301A**
CITY-ST-ZIP **NPB FL 33408** **Treasurer**

TITLE ☐ Change ☒ Addition
NAME **Sharon Meeks**
STREET ADDRESS **125 shore court #105 B**
CITY-ST-ZIP **NPB FL 33408** **Asst. Secy**

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 exemption stated in Section 119.07(3)(i), 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:

Evelyn Zai-Karite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

Date

8456804

Daytime Phone #

CR2E037 (1/0/02)