

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724325

**Entity Name:** SHOREHAM CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O OCEAN BREEZE COMMUNITY MGMT., LLC  
631 LUCERNE AVE SUITE 35  
LAKE WORTH, FL 33460

**Current Mailing Address:**

C/O OCEAN BREEZE COMMUNITY MGMT., LLC  
631 LUCERNE AVE SUITE 35  
LAKE WORTH, FL 33460 US

**FEI Number:** 59-1685895**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WASSERSTEIN, P.A.  
301 YAMATO ROAD  
SUITE 2199  
BOCA RATON, FL 33431 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALLO, MICHAEL  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  631 LUCERNE AVE SUITE 35  
City-State-Zip: LAKE WORTH FL 33460

Title            T  
Name            BROCKMAN, JOYCE  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  631 LUCERNE AVE SUITE 35  
City-State-Zip: LAKE WORTH FL 33460

Title            DIRECTOR, TRUSTEE  
Name            MORRIS, DAVID  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  631 LUCERNE AVE SUITE 35  
City-State-Zip: LAKE WORTH FL 33460

Title            VP  
Name            SLOMOWITZ, TRICIA  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  631 LUCERNE AVE SUITE 35  
City-State-Zip: LAKE WORTH FL 33460

Title            SECRETARY  
Name            PAXTON, KAREN  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  631 LUCERNE AVE SUITE 35  
City-State-Zip: LAKE WORTH FL 33460

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHAEL GALLO

PRESIDENT

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date