

**2023 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  
3599 23RD AVENUE SOUTH SUITE 8  
LAKE WORTH, FL 33461

**Current Mailing Address:**

C/O OCEAN BREEZE COMMUNITY MGMT., LLC  
3599 23RD AVENUE SOUTH SUITE 8  
LAKE WORTH, FL 33461 US

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

HALL, ALESSANDRA  
C/O OCEAN BREEZE COMMUNITY MGMT., LLC  
3599 23RD AVENUE SOUTH SUITE 8  
LAKE WORTH, FL 33461 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:** ALESSANDRA HALL

02/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALLO, MICHAEL  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  3599 23RD AVENUE SOUTH SUITE 8  
City-State-Zip: LAKE WORTH FL 33461

Title            TREASURER  
Name            BUTLER, LYNITA  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  3599 23RD AVENUE SOUTH SUITE 8  
City-State-Zip: LAKE WORTH FL 33461

Title            DIRECTOR, TRUSTEE  
Name            BERRA, LIRISELDA  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  3599 23RD AVENUE SOUTH SUITE 8  
City-State-Zip: LAKE WORTH FL 33461

Title            VP  
Name            SLOMOWITZ, TRICIA  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  3599 23RD AVENUE SOUTH SUITE 8  
City-State-Zip: LAKE WORTH FL 33461

Title            SECRETARY  
Name            PAXTON, KAREN  
Address        C/O OCEAN BREEZE COMMUNITY  
                  MGMT., LLC  
                  3599 23RD AVENUE SOUTH SUITE 8  
City-State-Zip: LAKE WORTH FL 33461

*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

02/16/2023

Electronic Signature of Signing Officer/Director Detail

Date