

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724325

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

C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

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

LORA HOWE ATTORNEY AT LAW
3801 PGA BLVD
SUITE 600
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: LORA HOWE

04/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SCHRUMPF, ALBA
Address C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name LEAVITT-HOLLAND, DANA
Address C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title T
Name BROCKMAN, JOYCE
Address C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title S
Name SLOMOWITZ, TRICIA
Address C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name DAVIDSON, STEFANIE
Address C/O GRS MGMT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: ALBA SCHRUMPF

PD

04/01/2015

Electronic Signature of Signing Officer/Director Detail

Date