

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727647

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC6501263043**

**Entity Name:** SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

900 GULF SHORE DR.  
DESTIN, FL 32541

**Current Mailing Address:**

P.O. BOX 414  
DESTIN, FL 32540 US

**FEI Number: 59-1647251**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF P.A.  
PARADISE VILLAGE  
348 MIRACLE STRIP PKWY STE. 7  
FORT WALTON BEACH, FL 32548 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: JAY ROBERTS**

**04/25/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SAACKS, JUNE  
Address        200 CANE COURT  
City-State-Zip: COVINGTON LA 70433

Title            DIRECTOR  
Name            TALLENT, TERRY  
Address        900 GULF SHORE DRIVE #3055  
City-State-Zip: DESTIN FL 32540

Title            DIRECTOR  
Name            EALEY, GARY  
Address        176 E. MOLLY WALTON DR  
City-State-Zip: HENDERSON TN 37075

Title            TREASURER  
Name            DUNCAN, LINDON  
Address        280 HILLTOP MEADOWS  
City-State-Zip: JACKSONVILLE MO 63755

Title            VP  
Name            DORNAN, WALTER  
Address        2808 VERONICA DRIVE  
City-State-Zip: CHALMETTE LA 70043

Title            DIRECTOR  
Name            MCMAHON, MICHAEL  
Address        2195 MILLVALE ROAD  
City-State-Zip: LOUISVILLE KY 40205

Title            SECRETARY  
Name            MEANS, MARIA  
Address        108 BLOSSOM CREEK RUN  
City-State-Zip: NICEVILLE FL 32578

*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: MARIA MEANS**

**SECRETARY**

**04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date