

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751991

**Entity Name:** SHORE SIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1818 SOUTH AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH , FL 33409

**Current Mailing Address:**

MMA ACCOUNTING AND TAX SERVICES INC  
PO BOX 541475  
GREENACRES , FL 33454 US

**FEI Number:** 59-2040379

**Certificate of Status Desired:** No

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

STOLOFF & MANOFF, P.A.  
1818 SOUTH AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH, FL 33409 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:** STOLOFF MANOFF

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name QUIROGA, RUTH  
Address 720 NORTH DIXIE HIGHWAY  
#701  
City-State-Zip: LANTANA FL 33462

Title DIRECTOR  
Name PILLEROVA, NADIA  
Address 720 NORTH DIXIE HIGHWAY  
#606  
City-State-Zip: LANTANA FL 33462

Title TREASURER, SECRETARY  
Name CALLAHAN, TANA  
Address 720 NORTH DIXIE HIGHWAY  
#503  
City-State-Zip: LANTANA FL 33462

Title PRESIDENT, ASST. SECRETARY  
Name ONTERMAA, LAURA  
Address 720 NORTH DIXIE HIGHWAY  
#704  
City-State-Zip: LANTANA FL 33462

Title DIRECTOR  
Name ARIAS, KAREN  
Address 720 N DIXIE HWY  
#602  
City-State-Zip: LANTANA FL 33462

*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:** NADIA PILLEROVA

DIRECTOR

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date