

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751991

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

**Current Principal Place of Business:**

1818 S. AUSTRALIAN AVENUE  
SUITE 400  
WEST PALM BEACH , FL 33409

**FILED**  
**Mar 16, 2018**  
**Secretary of State**  
**CC0850529191**

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD, SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number: 59-2040379**

**Certificate of Status Desired: No**

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

DICKER, KRIVOK & STOLOFF  
1818 S. 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: DICKER**

**03/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FEYAS, JOHN  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            JONES, RICHARD  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            MELTO, HELENA  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            SAARELA VENING, SAARA  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            MUNDERLOH, GWEN  
Address        8135 LAKE WORTH RD,  
                  SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*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: JOHN FEYAS**

**PRESIDENT**

**03/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date