

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

DOCUMENT# N03000000543

**Entity Name:** SHORES POINTE COMMUNITY ASSOCIATION, INC.

**FILED**  
**Oct 06, 2017**  
**Secretary of State**  
**CC5646295875**

**Current Principal Place of Business:**

C/O DIVOSTA HOMES, L.P.  
24311 WALDEN CENTER DRIVE SUITE 300  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

CASTLE GROUP  
500 S. AUSTRALIAN AVENUE, SUITE 700  
WEST PALM BEACH, FL 33401 US

**FEI Number: 20-2737611**

**Certificate of Status Desired: No**

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

KANAREK, DAVID  
C/O DIVOSTA HOMES, L.P.  
24311 WALDEN CENTER DRIVE SUITE 300  
BONITA SPRINGS, FL 34134 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: DAVID KANAREK**

**10/06/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name KANAREK, DAVID  
Address C/O DIVOSTA HOMES, L.P.  
24311 WALDEN CENTER DRIVE SUITE  
300  
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER  
Name MAXEY, ANDREW  
Address C/O DIVOSTA HOMES, L.P.  
24311 WALDEN CENTER DRIVE SUITE  
300  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name DINSMORE, GARRETT  
Address C/O DIVOSTA HOMES, L.P.  
24311 WALDEN CENTER DRIVE SUITE  
300  
City-State-Zip: BONITA SPRINGS FL 34134

*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: KANAREK , DAVID**

**PRESIDENT**

**10/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date