

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15067

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**3031920134CC**

**Entity Name:** THE SHORES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2401 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

2401 GULF SHORE BLVD. NORTH  
NAPLES, FL 34103

**FEI Number:** 59-2681993

**Certificate of Status Desired:** No

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

GAFFNEY, KEVIN P  
3400 TAMIAMI TRL N  
STE 302  
NAPLES, FL 34103 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HETZLER, KARL  
Address        3400 TAMIAMI TRL N STE 302  
City-State-Zip: NAPLES FL 34103

Title            VP, SECRETARY  
Name            BONNESS, TOM  
Address        3400 TAMIAMI TRL N STE 302  
City-State-Zip: NAPLES FL 34103

Title            TREASURER  
Name            O'REILLY, MATT  
Address        3400 TAMIAMI TRAIL NORTH #302  
City-State-Zip: NAPLES FL 34103

Title            SECRETARY  
Name            MANN, KELLY  
Address        C/O KPG ACCOUNTING SERVICES  
                  3400 TAMIAMI TRAIL N. #302  
City-State-Zip: NAPLES FL 34103

*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:** KARL HETZLER

**PRESIDENT**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date