

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16436

Entity Name: SHORELINE TERRACES I ASSOCIATION, INC.**Current Principal Place of Business:**5602 MARQUESAS PLAZA CIRCLE
#103
SARASOTA, FL 34233**Current Mailing Address:**PO BOX 18809
SARASOTA, FL 34236 US**FEI Number:** 59-2823633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.
5602 MARQUESAS PLAZA CIRCLE
#103
SARASOTA, FL 34233 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:** MICHELLE THIBEAULT, OWNER**03/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KAMINSKI, VINCENT
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34236

Title	PRESIDENT
Name	FLEISCHER, PAULINE
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34236

Title	TREASURER
Name	CROWLEY, DAVID
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	BENOIT, TERESA
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34236

Title	DIRECTOR AT LARGE
Name	WAGNER, BRAD
Address	PO BOX 18809
City-State-Zip:	SARASOTA FL 34236

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: PAULINE FLEISCHER**PRESIDENT****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date