


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90131 021 ****61.25

DOCUMENT # 706073							
1. Entity Name SHORELINE, INC., OF NAPLES							
Principal Place of Business 1692 GULFSHORE BLVD NAPLES, FL 34102 US			Mailing Address 745 12TH AVE S SUITE AA NAPLES, FL 34102 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-1115818			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MOORE PROPERTY MANAMENT, INC. 745 - 12TH AVENUE SOUTH STE AA NAPLES, FL 34102			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE - NAME	PD ANSELMO, ART	<input type="checkbox"/> Delete	TITLE - NAME	VP ANSELMO, ART	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1702 GULFSHORE BLVD N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP				
TITLE - NAME	D CROSS, ALLEN	<input checked="" type="checkbox"/> Delete	TITLE - NAME	P OROFINO, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1686 GULFSHORE BLVD N		STREET ADDRESS	6 FAIRWAY DRIVE			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	AUBURN, NY 13021			
TITLE - NAME	VPD VALLERGA, SCOTT	<input checked="" type="checkbox"/> Delete	TITLE - NAME	S HARDEE, LINDA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1690 GULFSHORE BLVD N		STREET ADDRESS	61 12th AVE. SOUTH			
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102			
TITLE - NAME	SD LIBERMAN, ALBERT	<input type="checkbox"/> Delete	TITLE - NAME	D LIBERMAN, ALBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1696 GULFSHORE BLVD N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP				
TITLE - NAME	TD SANTOS, YVONNE	<input type="checkbox"/> Delete	TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1682 GULFSHORE BLVD N		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP				
TITLE - NAME		<input type="checkbox"/> Delete	TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE <i>Art Anselmo</i>			Date <i>4/6/05</i>		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		