


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 037 ****61.25

DOCUMENT # 706073 1. Entity Name SHORELINE, INC., OF NAPLES					
Principal Place of Business 1692 GULF SHORE 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOORE PROPERTY MANAGEMENT, INC. 745 - 12TH AVENUE SOUTH STE AA NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSELMO, ART <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	1702 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OROFINO, MICHAEL		NAME		
STREET ADDRESS	6 FAIRWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AUBURN, NY 13021		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDEE, LINDA		NAME	5 NANCY SWANSON	
STREET ADDRESS	61 12TH AVE SOUTH		STREET ADDRESS	990 8TH ST. S- 1C	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIBERMAN, ALBERT		NAME		
STREET ADDRESS	1696 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, YVONNE		NAME		
STREET ADDRESS	1682 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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 exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-28-06 Daytime Phone # _____		