

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 709881 (7)  
1. Corporation Name  
SHORE CLUB APTS. "A", INC.



Principal Place of Business: 100 SHORE COURT NORTH PALM BEACH FL 33408  
Mailing Address: 100 SHORE COURT NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 11/05/1965  
3a. Date of Last Report: 02/24/1995  
4. FEI Number: 59-1158502  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
WIRTH, JACK A  
100 SHORE COURT APT 108  
N. PALM BCH FL 33408

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JACK A. WIRTH, PRESIDENT  
Signature: Typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE: 1/17/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLEARLY, DENNIS	
STREET ADDRESS	100 SHORE COURT APT. #305	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COUILLARD, VIRGINIA	
STREET ADDRESS	100 SHORE COURT APT. #106	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLACE, HELEN	
STREET ADDRESS	100 SHORE COURT #314	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEISS, EDWARD	
STREET ADDRESS	100 SHORE COURT	
CITY-ST-ZIP	N. PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, PATRICIA	
STREET ADDRESS	100 SHORE COURT #2111	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, STEPHEN	
STREET ADDRESS	100 SHORE COURT APT. #201	
CITY-ST-ZIP	N. PALM BCH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: JACK A. WIRTH PRES. Jack A. Wirth 1/17/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)