

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 15 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 709881 (7)

1. Corporation Name
SHORE CLUB APTS. "A", INC.



Principal Place of Business Mailing Address
100 SHORE COURT NORTH PALM BEACH FL 33408 **100 SHORE COURT NORTH PALM BEACH FL 33408-5553**

3. Date Incorporated or Qualified **11/05/1965** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 59-1158502 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEARLY, DENNIS	1.2 NAME	
STREET ADDRESS	100 SHORE COURT APT. #305	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL 33408	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUILLARD, VIRGINIA	2.2 NAME	
STREET ADDRESS	100 SHORE COURT APT. #108	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL 33408	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, HELEN	3.2 NAME	
STREET ADDRESS	100 SHORE COURT #314	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL 33408	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, EDWARD	4.2 NAME	
STREET ADDRESS	100 SHORE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, PATRICIA	5.2 NAME	D FORBES, WINDA
STREET ADDRESS	100 SHORE COURT #2111	5.3 STREET ADDRESS	100 SHORE COURT #315
CITY-ST-ZIP	N. PALM BCH FL 33408	5.4 CITY-ST-ZIP	N. PALM BCH FL 33408
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASER, STEPHEN	6.2 NAME	
STREET ADDRESS	100 SHORE COURT APT. #201	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BCH FL 33408	6.4 CITY-ST-ZIP	

14. I do 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 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 **JACK A WIRTH** 1/5/97 561842435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0040673

CR2E037 (9/96)