

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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

4. FEI Number
59-1158502

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 DENNIS S. Forbes
82 Street Address (P.O. Box Number is Not Acceptable) 100 SHORE COURT APT 315A
83 City N. Palm Bch
84 State FL
85 Zip Code 33408

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 *Dennis S. Forbes* **DENNIS S Forbes / President** **3/11/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	NAME CLEARLY, DENNIS	<input type="checkbox"/> DELETE
STREET ADDRESS 100 SHORE COURT APT. #305	CITY-ST-ZIP N. PALM BCH FL 33408	
TITLE SD	NAME COUILLARD, VIRGINIA	<input type="checkbox"/> DELETE
STREET ADDRESS 100 SHORE COURT APT. #106	CITY-ST-ZIP N. PALM BCH FL 33408	
TITLE D	NAME WALLACE, HELEN	<input type="checkbox"/> DELETE
STREET ADDRESS 100 SHORE COURT #314	CITY-ST-ZIP N. PALM BCH FL 33408	
TITLE TD	NAME WEISS, EDWARD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 100 SHORE COURT	CITY-ST-ZIP N. PALM BCH FL	
TITLE D	NAME FORBES, LINDA	<input type="checkbox"/> DELETE
STREET ADDRESS 100 SHORE COURT #315	CITY-ST-ZIP N. PALM BCH FL	
TITLE D	NAME GLASER, STEPHEN	<input checked="" type="checkbox"/> DELETE
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 TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME COUILLARD, VIRGINIA	
2.3 STREET ADDRESS 100 SHORE CT. APT #106	
2.4 CITY-ST-ZIP N. Palm Beach, FL 33408	
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 D Rita STAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 100 SHORE CT # 115	
4.3 STREET ADDRESS N. Palm Beach, FL 33408	
4.4 CITY-ST-ZIP	
5.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Forbes, Linda	
5.3 STREET ADDRESS 100 SHORE CT #315	
5.4 CITY-ST-ZIP N. Palm Beach, FL 33408	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME PAT HENNY	
6.3 STREET ADDRESS 100 SHORE CT. # 213	
6.4 CITY-ST-ZIP N. Palm Beach, FL 33408	

14. 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 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: *Linda L. Forbes* **Linda L. Forbes** **3/11/98** **(561) 843-5626**

CFR26037 (10/97)