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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709881

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/05/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1158502
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

~~FORBES, DENNIS S~~
~~100 SHORE CT~~
~~APT 315A~~
~~N. PALM BCH FL 33408~~

10. Name and Address of New Registered Agent

81 Name **DENNIS CLEARY**

82 Street Address (P.O. Box Number is Not Acceptable)
100 SHORE COURT

83 **APT # 101**

84 City **N PALM BEACH** 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 Cleary* DATE **2/1/99**

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLEARLY, DENNIS	
STREET ADDRESS	100 SHORE COURT APT. #305	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	TD	<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	D	<input type="checkbox"/> DELETE
NAME	STAR, RITA	
STREET ADDRESS	100 SHORE CT #115	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORBES, LINDA	
STREET ADDRESS	100 SHORE COURT #315	
CITY-ST-ZIP	N. PALM BCH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNY, PAT	
STREET ADDRESS	100 SHORE CT #213	
CITY-ST-ZIP	N. PALM BCH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN RUTH	
1.3 STREET ADDRESS	100 SHORE CT APT #308	
1.4 CITY-ST-ZIP	N PALM BEACH FL 33408	
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 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, with all other like empowered.

SIGNATURE: *DENNIS CLEARY* DATE: **2/1/99** *561940 8899*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)