

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90090 046 \*\*\*\*61.25

**DOCUMENT # 709881**  
 1. Entity Name  
**SHORE CLUB APTS. "A", INC.**

Principal Place of Business      Mailing Address  
**SHORE COURT**      **100 SHORE COURT**  
**17TH PALM BEACH FL 33408**      **NORTH PALM BEACH FL 33408**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1158502**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WILLIAM R. EDWARDS**  
**100 SHORE CT APT. ~~205~~ 113A**  
**N. PALM BCH FL 33408**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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.  
 SIGNATURE *John H. Ruth*      *Treasurer*      **1-29-2002**  
(Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE)

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

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUTH, JOHN</b> <b>100 SHORE CT APT 308</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COUILLARD, VIRGINIA</b> <b>100 SHORE COURT APT. #106</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROGERS, JOAN</b> <b>100 SHORE COURY 110</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WIRTH, JACK</b> <b>100 SHORE CT. 108</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AKINS, JANE</b> <b>100 SHORE CT. 114</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNY, PAT</b> <b>100 SHORE CT #213</b> <b>N. PALM BCH FL 33408</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *John H. Ruth*      *Treasurer*      **1-29-002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)