


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90003 048 ****61.25

DOCUMENT # 709881 1: Entity 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
--	--

DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1158502	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAM R. EDWARDS
 100 SHORE CT APT. 113A
 N. PALM BCH, FL 33408

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUTH, JOHN 100 SHORE CT APT 308 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUILLARD, VIRGINIA 100 SHORE COURT APT. #106 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, JOAN 100 SHORE CORY 110 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIRTH, JACK 100 SHORE CT 108 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYSTROM, SVEA 100 SHORE CT. #310 N. PALM BCH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COULLIARD, ALBERT 100 SHORE CT #106 N. PALM BCH, FL 33408

DO NOT WRITE IN THIS SPACE

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: W.R. Edwards W.R. EDWARDS, Pres. 1-6-05 561 844 1079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #