


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90028 047 \*\*\*\*61.25

<b>DOCUMENT # 709881</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292006 Chg-NP CR2E037 (11/05)	
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIAM R. EDWARDS 100 SHORE CT APT. 113A N. PALM BCH, FL 33408			Name <u>NANCY BROLET</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Shore Ct # 307A</u> City <u>No. Palm Beach</u> FL Zip Code <u>33408</u>		
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 <u>Nancy Brolet - president</u>		Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <u>Nancy Brolet</u> DATE <u>2/13/06</u>	
		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, JOHN		NAME	Ruth, John	
STREET ADDRESS	100 SHORE CT APT 308		STREET ADDRESS	100 Shore Ct. #308A	
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP	No Palm Beach, FL. 33408	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUILLARD, VIRGINIA		NAME	COUILLARD, VIRGINIA	
STREET ADDRESS	100 SHORE COURT APT. #106		STREET ADDRESS	100 Shore Ct. #112A	
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP	No. Palm Beach, FL. 33408	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JOAN		NAME	Rogers, Joan	
STREET ADDRESS	100 SHORE CORY 110		STREET ADDRESS	100 Shore Ct. #110	
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP	No. Palm Beach, FL. 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIRTH, JACK		NAME	HENNESSEY, Eileen	
STREET ADDRESS	100 SHORE CT 108		STREET ADDRESS	100 Shore Ct. #203	
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP	No. Palm Beach, FL. 33408	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYSTROM, SVEA		NAME		
STREET ADDRESS	100 SHORE CT. #310		STREET ADDRESS		
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULLIARD, ALBERT		NAME	COUILLARD, Albert	
STREET ADDRESS	100 SHORE CT #106		STREET ADDRESS	100 Shore Ct. #112A	
CITY-ST-ZIP	N. PALM BCH, FL 33408		CITY-ST-ZIP	No. Palm Beach, FL. 33408	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Nancy Brolet - Nancy Brolet</u>		Signature and typed or printed name of signing officer or director		Date <u>2/13/06</u>	
				Daytime Phone #	