


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 004 \*\*\*\*61.25

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # 709881<br>1. Entity Name<br>SHORE CLUB APTS. "A", INC.  |  |    |   |
| Principal Place of Business<br>100 SHORE COURT<br>NORTH PALM BEACH, FL 33408   |  | Mailing Address<br>100 SHORE COURT<br>NORTH PALM BEACH, FL 33408  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 4. FEI Number<br>59-1158502  |  | Applied For<br>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   |   |
| BROLET, NANCY<br>100 SHORE CT APT. 307A<br>N. PALM BCH, FL 33408   |  | Name <u>ALBERT COUILLARD</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>100 Shore Ct. - 112A</u><br>City <u>N. 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>Albert Couillard - ALBERT COUILLARD - PRES</u>  |  | DATE <u>3-31-08</u>   |   |
| Filing Fee is \$61.25 Due by May 1, 2008   |  | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RUTH, JOHN<br>100 SHORE CT 308A<br>N. PALM BCH, FL 33408 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>COUILLARD, VIRGINIA<br>100 SHORE CT 112A<br>N. PALM BCH, FL 33408 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/T<br>VIRGINIA COUILLARD<br>100 SHORE CT. - 112A<br>N. PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>ROGERS, JOAN<br>100 SHORE CORY 110<br>N. PALM BCH, FL 33408 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MARY CLARY<br>100 SHORE CT. - 101A<br>N. Palm Beach, FL. 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HENNESSEY, EILEEN<br>100 SHORE CT 203<br>N. PALM BCH, FL 33408 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MIKE SINNOTT<br>100 SHORE CT. - 203A<br>N. Palm Beach, FL. 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NYSTROM, SVEA<br>100 SHORE CT. #310<br>N. PALM BCH, FL 33408 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>COULLIARD, ALBERT<br>100 SHORE CT 112A<br>N. PALM BCH, FL 33408 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>NANCY BROLET<br>100 SHORE CT. - 307A<br>N. Palm Beach, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| 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>Virginia Couillard - VIRGINIA COUILLARD - S/T</u>  |  | DATE <u>3-31-08</u> DAYTIME PHONE # <u>561-863-6395</u>   |   |