

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90117 014 ****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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1158502**

Applied For
Not Applicable

5. Certificate of Status Desired **\$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**

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. 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)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 A. Ruth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 561-844-5504

CR2E037 (10/02)