FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712084 (3)

1. Corporation Name

SHORE CLUB APTS. "B", INC.

Principal Place of Business	Mailing Address
110 SHORE COURT NORTH PALM BEACH FL 33408	110 SHORE COURT NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1967
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1170675 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIFFIN, GERTRUDE
110 SHORE COURT
N PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: ROCCO MARCHIONE
82 Street Address (P.O. Box Number is Not Acceptable): 110 SHORE COURT
83: NORTH PALM BEACH
84 City: FL 85 Zip Code: 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 2-20-95
Type, print, or type printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	SECRETARY/TREASURER	☒ Change ☐ Addition
NAME	ROCCO, MARCHIONE	12 NAME	H. CLAIRE SCOTT	
STREET ADDRESS	110 SHORE CT	13 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP	N PALM BEACH, FL 00000	14 CITY-ST-ZIP		
TITLE	T	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DEITZ, KIRBY T	22 NAME	MORRIS BERNSTEIN	
STREET ADDRESS	110 SHORE CT	23 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP	N PALM BEACH, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	ASST.SEC./TREASURER	☒ Change ☐ Addition
NAME	LESSER, N L	32 NAME	WILSON ALONSO	
STREET ADDRESS	110 SHORE CT	33 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP	N PALM BEACH, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	WILSON, ALONSO	42 NAME	JOHN FARLEY	
STREET ADDRESS	110 SHORE CT	43 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP	N PALM BEACH, FL 00000	44 CITY-ST-ZIP		
TITLE		51 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME		52 NAME	EUGENE WALLER	
STREET ADDRESS		53 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		62 NAME	RICHARD FRICK	
STREET ADDRESS		63 STREET ADDRESS	110 SHORE COURT-NO. PALM BCH,FL	
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N. Claire Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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