

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

01/13/1967

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1170675

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCHIONE, ROCCO
110 SHORE COURT
N PALM BEACH FL 33408**

81 Name

Larry Tullis

82 Street Address (P.O. Box Number is Not Acceptable)

110 Shore Court

83

N Palm Beach, Fl. 33408

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

LARRY TULLIS

Signature typed or printed name of registered agent and title if applicable

Larry Tullis

(NOTE: Registered Agent signature required when reinstating)

3-5-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, H. CLAIRE	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, MORRIS	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH, FL 00000	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO, WILSON	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARLEY, JOHN	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALLER, EUGENE	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRICK, RICHARD	
STREET ADDRESS	110 SHORE CT	
CITY-ST-ZIP	N PALM BEACH FL	

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Oscar glaze	
13 STREET ADDRESS	110 Shore Court	
14 CITY-ST-ZIP	N Palm Beach Fl. 33408	
21 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Joan Schoenman	
23 STREET ADDRESS	110 Shore Court	
24 CITY-ST-ZIP	N Palm Beach Fl. 33408	
31 TITLE	Ast David McCallum	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	110 Shore Court	
33 STREET ADDRESS	N. Palm Beach, Fl. 33408	
34 CITY-ST-ZIP		
41 TITLE	T. Stan Outland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	110 Shore Court	
43 STREET ADDRESS	N. Palm Beach, Fl. 33408	
44 CITY-ST-ZIP		
51 TITLE	D. Bill Carson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	110 Shore Court	
53 STREET ADDRESS	N Palm Beach, Fl. 33408	
54 CITY-ST-ZIP		
61 TITLE	D Gene Waller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	110 Shore Court	
63 STREET ADDRESS	N. Palm Beach, Fl. 33408	
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)(k), 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: **LARRY TULLIS** *Larry Tullis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

DATE

(407)

8441149

Daytime Phone #

CR2E037 (12/95)