2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #718873

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04-23-2007 90061 046 ****61.25

THE SHOREHAM BEACH ASSOCIATION, INC.					~ 4000			
Principal Place 915 OCEAN S ORMOND BE		Mailing Address 507-C HERBERT ST. PORT ORANGE, FL 32129	9 US		74229	iie kik ei kis ik kis ei	181 6 1 7881	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address 3511 S. Plonins	Mailing Address 511 S. Peninsula Dr.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03192007 Chg-NP CR2E037 (12/06)			
City & State		Pt. Orange.	t. Orange, FL		1		plied For Applicable	
Zip .	Country	32127	Country	5. Certificate of St	atus Desired	\$8.75 Addi		
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New Registered	Agent		
DEIMED D I				Name				
REIMER, R. L 507-C HERBERT ST. PORT ORANGE, FL 32129			Street Add	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. If am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature. Noted or printed harne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating).								
Filing Fee is \$61.25 9. Election 0 Due by May 1, 2007 Trust Fun			aign Financing htribution.	\$5.00 May Be Added to Fees	Make check Florida Depar	k payable to tment of St		
10. OFFICERS AND DIRECTORS 1								
10.	OFFICERS AND DIF	RECTORS	11.		ES TO OFFICERS AND DI	RECTORS IN	10	
10. TITLE	TD	RECTORS Delete	TITLE	ADDITIONS/CHANG		Z Change	10 Addition	
TITLE NAME	TD YORK, COLLIN		TITLE NAME	ADDITIONS/CHANG		Z Change		
TITLE NAME STREET ADDRESS	TD YORK, COLLIN 915 OCEAN SHORE BLVD #708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG OLLIN YORK 915 OCEASHO ORMON BEA	ORE BLUD#	™ Change 708 76	Addition	
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Indexed certify that the information supplied with his filing does not quality for the exemptions contained in Chapter 119, Horida statutes. I further certify that the information indicated on this report or supplied with a 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 vicing an address with all other like empowered.

ART MIRANDI

SIGNATURE: _

TREASURER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954)429 2009