

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90020 033 ****61.25

DOCUMENT # 718873

1. Entity Name
THE SHOREHAM BEACH ASSOCIATION, INC.



Principal Place of Business
**915 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176**

Mailing Address
**3511 S. PENINSULA DR
PORT ORANGE, FL 32127 US**

40050137



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

02182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1383211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REIMER, R. L
507-C HERBERT ST.
PORT ORANGE, FL 32129**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
YORK, COLLIN
915 OCEAN SHORE BLVD #708
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T RAY FERRIS
915 Ocean Shore Blvd #307
Ormond Beach, FL 32176** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FAWCETT, KATHRYN
915 OCEAN SHORE BLVD #308
ORMOND BEACH, FL 32176** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ARTHUR MIRANDI
PO Box 6296
Boca Raton, FL 33427** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
UNDERWOOD-CAPUTO, NORA
691 BEAR CREEK CT
WINTER SPRINGS, FL 32708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, MARYANN
915 OCEAN SHORE BLVD #203
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VEZINA, LOUIS
915 OCEAN SHORE BLVD #604
ORMOND BEACH, FL 32176** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROKICSAK, VINCENT
6704 SALTSBURG RD
SALTSBURG, PA 15681** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/08