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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:15

DOCUMENT # **719935** **(9)**

1. Corporation Name
SHORE CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
118 SHORE COURT NORTH PALM BEACH FL 33408	118 SHORE COURT NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1970
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1313738 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COUILLARD, VIRGINIA
100 SHORE CT, APT 106-A
N PALM BCH FL 33408

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE D	☒ Change ☐ Addition
NAME	AKINS, JANE	1.2 NAME	
STREET ADDRESS	100 SHORE COURT 114A	1.3 STREET ADDRESS	AKINS, JANE
CITY-ST-ZIP	N PALM BEACH, FL 00000	1.4 CITY-ST-ZIP	100 SHORE CT-114A N. Palm Beach, Fl. 33408
TITLE	P	2.1 TITLE D	☒ Change ☐ Addition
NAME	STAR, DAVID	2.2 NAME	
STREET ADDRESS	100 SHORE CT, APT 115A	2.3 STREET ADDRESS	STAR, DAVID
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP	100 SHORE CT-115A N. Palm Beach, Fl. 33408
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	COUILLARD, VIRGINIA	3.2 NAME	
STREET ADDRESS	100 SHORE CT, APT 106A	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE P	☒ Change ☐ Addition
NAME	SCOTT, H. C	4.2 NAME	
STREET ADDRESS	110 SHORE CT	4.3 STREET ADDRESS	Scott, Claire
CITY-ST-ZIP	N PALM BCH FL	4.4 CITY-ST-ZIP	110 SHORE CT-B N. Palm Beach, Fl. 33408
TITLE	D	5.1 TITLE D	☒ Change ☐ Addition
NAME	WALLER, EUGENE	5.2 NAME	
STREET ADDRESS	110 SHORE CT	5.3 STREET ADDRESS	Holmes, John
CITY-ST-ZIP	N PALM BEACH, FL 00000	5.4 CITY-ST-ZIP	111 Shore Ct.-311C N. Palm Beach, Fl. 33408
TITLE	D	6.1 TITLE D	☒ Change ☐ Addition
NAME	REICHHELD, JANE	6.2 NAME	
STREET ADDRESS	111 SHORE CT, APT 114C	6.3 STREET ADDRESS	Pearce, Edward
CITY-ST-ZIP	N PALM BEACH, FL 00000	6.4 CITY-ST-ZIP	111 Shore Ct.-310C N. Palm Beach, Fl. 33408

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: Virginia Couillard - Treas. 3-31-95 407-863-6345
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0011187