

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91653 009 \*\*\*\*61.25

**DOCUMENT # 719935**

1. Entity 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**

865042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1313738**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DITOCO, CHRISTINE R.  
 110 SHORE CT CONDO B  
 #206B  
 N PALM BCH FL 33408**

Name

**VIRGINIA COUILLARD**

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

**100 Shore Ct. - 106A**

City

**North Palm Beach**

**FL**

Zip Code

**33408**

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.

SIGNATURE **VIRGINIA COUILLARD - TREAS.**

(NOTE: Registered Agent signature required when reinstating)

**4-16-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **MCCALLUM, DAVID**  
 STREET ADDRESS **110 SHORE COURT 311B**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☒ Delete  
 NAME **JOHN, RUTH**  
 STREET ADDRESS **100 SHORE COURT # 308A**  
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **S** ☐ Change ☒ Addition  
 NAME **LOIS KENT**  
 STREET ADDRESS **111 SHORE CT.**  
 CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **T** ☒ Delete  
 NAME **DITOCO, CHRISTINE**  
 STREET ADDRESS **100 SHORE COURT # 206 B**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☐ Change ☒ Addition  
 NAME **VIRGINIA COUILLARD**  
 STREET ADDRESS **100 Shore Ct. 106A**  
 CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **D** ☐ Delete  
 NAME **AKINS, JANE**  
 STREET ADDRESS **100 SHORE - 114 A**  
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

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

TITLE **S** ☐ Delete  
 NAME **WILSON, ANGELA**  
 STREET ADDRESS **110 SHORE COURT # 313 B**  
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MARY HELEN HARRIS**  
 STREET ADDRESS **111 SHORE CT 304C**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE **P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**VIRGINIA COUILLARD**

**4-16-02**

**561-863-6395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)