

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90023 044 ****61.25

DOCUMENT # 719935

1. Entity Name

SHORE CLUB ASSOCIATION, INC.



Principal Place of Business

118 SHORE COURT
NORTH PALM BEACH FL 33408

Mailing Address

118 SHORE COURT
NORTH PALM BEACH FL 33408

64010307



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

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

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

7. Name and Address of New Registered Agent

Name David A. McCallum
Street Address (P.O. Box Number is Not Acceptable)
110-B SHORE COURT #311
City N.P.B. FL 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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	D	☐ Delete
NAME	MCCALLUM, DAVID	
STREET ADDRESS	110 SHORE COURT 311B	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	S	☐ Delete
NAME	KENT, LOIS	
STREET ADDRESS	111 SHORE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	☐ Delete
NAME	COUILLARD, VIRGINIA	
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	D	☐ Delete
NAME	WILSON, ANGELA	
STREET ADDRESS	110 SHORE COURT # 313 B	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	P	☐ Delete
NAME	EDWARDS, WM.	
STREET ADDRESS	100 SHORE CT. -113A	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☐ Addition
NAME	MCCALLUM DAVID	
STREET ADDRESS	110 SHORE CT 311B	
CITY-ST-ZIP	N.P.B. FL. 33408	
TITLE	D	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	☒ Change ☐ Addition
NAME	John Browning	
STREET ADDRESS	110-B SHORE CT # 214	
CITY-ST-ZIP	N.P.B. FL. 33408	
TITLE	S	☒ Change ☐ Addition
NAME	Gene Waller	
STREET ADDRESS	110-B SHORE CT # 208	
CITY-ST-ZIP	N.P.B. FL. 33408	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	Edwards, Wm.	
STREET ADDRESS	100 Shore Ct. 113 A	
CITY-ST-ZIP	N.P.B. FL. 33408	

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: David A. McCallum David A. McCallum 33-04 361-863-8729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #