



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 037 ****70.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1313738	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCALLUM, DAVID 110-B SHORE CT # 311 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name MARIANN LARAWAY Street Address (P.O. Box Number is Not Acceptable) 111 SHORE COURT # 213C 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mariann Laraway</i></u> DATE <u>3/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BROWING, JOHN 110-B SHORE CT #214 N PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARY SMITH, PRESIDENT 111 SHORE CT #202C N. Palm Bch, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KENT, LOIS 111 SHORE 110C NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALLER, GENE 110-B SHORE CT #209 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVID McCallum 110-B SHORE CT #311 N. Palm Bch, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUTH, JOHN 100 SHORE CT #308A NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARIANN LARAWAY 111 SHORE CT. #213C N. Palm Bch, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MC CALLUM, DAVID A 110-B SHORE CT #311 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARNEY, JANE 110-B SHORE CT #315 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Mariann Laraway</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/6/08</u> Daytime Phone # <u>954-292-5533</u>		

MARIANN LARAWAY