2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 719935 1. Entity Name SHORE CLUB ASSOCIATION, INC.						03-17-2008	90014 037 ****	70.00	
Principal Place of Business Mailing Address 118 SHORE COURT 118 SHORE COURT NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 3				L 3340	08		1811 SJSH 21311 SISTI SISTI SISTI	172 88 7 251 1925 1	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272008 Chg-NP	CR2E037 (12/06)		
City & State			City & State		4. FEI Number 59-1313738		plied For ot Applicable		
Zip Country				intry	5. Certificate of Status Desired	\$8.75 Add Fee Required			
·	6. Name	and Address of Current F	Registered Agent			7. Name and Address of New Reg	gistered Agent		
MCCALLUM, DAVID					Name MARIANN LARAWAY				
110-B SHORE CT # 311						Street Address (P.O. Box Number is Not Acceptable)			
NORTH PA	ALM BEAG	CH, FL 33408				BIII SHORE C	OUK! HO	750	
					City .	····	Zin Code		
City N					NOR	TH PALM Beac	FL 337	408	
	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.								
the obligations of registered agent.									
SIGNATURE Marian daraway 3/6/08									
Signature, typed or printed name of registered agent and tife if explicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 Due by May 1, 2008			!			\$5.00 May Be Mai	ke check payable to	***************************************	
	Due by N		Trust Fund C	ontributi		Added to Fees Florid	a Department of St	ate	
10.			ECTORS	ontributi		Added to Fees Florid ADDITIONS/CHANGES TO OFFICERS	a Department of St S AND DIRECTORS IN	ate 10	
TITLE	Р	fay 1, 2008 OFFICERS AND DIR		11.	m	Added to Fees Florid ADDITIONS/CHANGES TO OFFICERS ARY SMITH, PRE	a Department of St S AND DIRECTORS IN SIDENT Change	ate	
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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 attactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

954-292-5533

Daytima Phone