

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

**APPROVED
AND
FILED**

95 APR 18 PM 10: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721380 (4)

1. Corporation Name

THE SHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5757 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

5757 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/20/1971** 3a. Date of Last Report **05/18/1994**

4. FEI Number **38-1991361** 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 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALDHEIM, STAN
5757 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228**

81 Name **Max B. Meyer**
82 Street Address (P.O. Box Number is Not Acceptable) **5757 Gulf Of Mexico Drive**
83 **Longboat Key, FL 34228**
84 City **Longboat Key** FL 85 Zip Code **34228**

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 *Max B. Meyer*

MAX B. MEYER, PRES 3-16-95

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDHEIM, STAN	1.2 NAME	MEYER, MAX B.
STREET ADDRESS	5757 GULF OF MEXICO DR	1.3 STREET ADDRESS	5757 Gulf Mexico Dr. #109
CITY - ST - ZIP	LONGBOAT KEY FL 34228	1.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	T	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADOV, JOE	2.2 NAME	BAMBERGER, GERALD F.
STREET ADDRESS	5757 GULF MEXICO DR / STE - 305	2.3 STREET ADDRESS	5757 GULF Mexico Dr. #315
CITY - ST - ZIP	LONGBOAT KEY FL	2.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	S	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACKS, NAOMI	3.2 NAME	Krawitz, Mike J.
STREET ADDRESS	5757 GULF MEXICO DR / STE - 101	3.3 STREET ADDRESS	5757 Gulf Of Mexico Dr #312
CITY - ST - ZIP	LONGBOAT KEY FL	3.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	D	4.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YADLEYR, JEAN	4.2 NAME	Waldheim, Stan #302
STREET ADDRESS	5757 GULF OF MEXICO DR	4.3 STREET ADDRESS	5757 Gulf Mexico Dr.
CITY - ST - ZIP	LONGBOAT KEY FL 34228	4.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	D	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEISSINR, RUDY	5.2 NAME	Leetun, Virginia
STREET ADDRESS	5757 GULF OF MEXICO DR	5.3 STREET ADDRESS	5757 Gulf Mexico Dr #211
CITY - ST - ZIP	LONGBOAT KEY FL 34228	5.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, MAX	6.2 NAME	
STREET ADDRESS	5757 GULF OF MEXICO DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL 34228	6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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, changed, or in an attachment with an address.

SIGNATURE: *Max B. Meyer* **MAX B. MEYER 3-16-95 813/383-4954**

Signature and typed or printed name of (blank) officer or director Date Daytime Phone #