SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIL FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** THE SHORE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5757 GULF OF MEXICO DRIVE 5757 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 3. Date Incorporated or Qualified 3a. Date of Last Report 07/20/1971 04/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 38-1991361 Not Applicable Suite, Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Electron Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYER, MAX B. 82 Street Address (P.O. Box Number is Not Acceptable) 5757 GULF OF MEXICO DR **LONGBOAT KEY FL 34228** 83 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. Signature, typed or printed name of registered agent and title if appricable (NOTE Registered Agent signature required when rematating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) TITLE DELETE 1 I THILE Charige Addition NAME MEYER, MAX B. 1.2 NAME 5757 GULF MEXICO DR. #109 STREET ADDRESS L3 STREET ADDRESS LONGBOAT KEY FL CITY - ST - ZIP 1 4 CITY - ST - ZIP TITLE DELETE 2.1 DILE Change Addition BAMBERGER, GERALD F. 22 NAME 5757 GULF OF MEXICO DRIVE #315 STREET ADDRESS 2 3 STREET ADDRESS LONGBOAT KEY FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition KRAWITZ, MIKE J. NAME 32 NAME 5757 GULF OF MEXICO DR #312 STREET ADDRESS 3.3 STREET ADDRESS LONGBOAT KEY FL CITY - ST - ZIP 34 CiTY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition WALDHEIM, STAN NAME 4 2 NAME 5757 GULF OF MEXICO DRI #302 STREET ADDRESS 4.3 STREET ADDRESS LONGBOAT KEY FL CITY - ST - ZIP 4.4 CITY - ST - ZiP TITLE DELETE 5 1 TITLE Change Addition LEETUN, VIRGINIA NAME 5.2 NAME 5757 GULF OF MEXICO DR #211 STREET ADDRESS 5.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-7IP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE 20000193136**2**<sup>Mange</sup> Addition NAME MEYER, MAX 6.2 NAME -08/23/96--01096--009 5757 GULF OF MEXICO DR STREET ADORESS 6.3 STREET ADORESS \*\*\*236.25 LONGBOAT KEY FL 34228 CHY-SI-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 119.07(3)(k). Florida Statutes 1 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 By 13 if changed, or on an attachment with an address. 8/14/94 941 383 4954 SIGNATURE:

MAY R