

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 721380 1. Corporation Name THE SHORE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5757 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US		Mailing Address 5757 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228 US	

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing		7. Applied For		8. \$5.00 May Be Added to Fees	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/20/1971		38-1991361		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/>		Not Applicable		Not Applicable	
City & State		City & State													
Zip		Country		Zip		Country									

9. Name and Address of Current Registered Agent BUCKLEY, WILLIAM 5757 GULF OF MEXICO DR #310 LONGBOAT KEY FL 34228				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	S
NAME	BUCKLEY, WILLIAM	1.2 NAME	MARIA ATANCI
STREET ADDRESS	5757 GULF OF MEXICO DR #310	1.3 STREET ADDRESS	5757 GULF OF MEXICO DR. # 309
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	LONGBOAT KEY, FL. 34228
TITLE	D	2.1 TITLE	D
NAME	YESSIN, RUDY	2.2 NAME	JEAN YADLEY
STREET ADDRESS	5757 GULF OF MEXICO DR #113	2.3 STREET ADDRESS	5757 GULF OF MEXICO DR. # 205
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	LONGBOAT KEY, FL. 34228
TITLE	S	3.1 TITLE	T
NAME	KRAWITZ, MIKE J.	3.2 NAME	SAM FISHMAN
STREET ADDRESS	5757 GULF OF MEXICO DR #312	3.3 STREET ADDRESS	5757 GULF OF MEXICO DR. #105
CITY-ST-ZIP	LONGBOAT KEY FL	3.4 CITY-ST-ZIP	LONGBOAT KEY, FL. 34228
TITLE	D	4.1 TITLE	
NAME	MEL LEV	4.2 NAME	
STREET ADDRESS	5757 GULF OF MEXICO DR, #218	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LEETUN, VIRGINIA	5.2 NAME	
STREET ADDRESS	5757 GULF OF MEXICO DR #211	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROSS, JAY MD	6.2 NAME	
STREET ADDRESS	5757 GULF OF MEXICO DR, #215	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	6.4 CITY-ST-ZIP	

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

 DATE: _____

CR2E037 (11/98)