

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90034 025 ****61.25

DOCUMENT # 721380

1. Entity Name

THE SHORE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5757 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228
 US

5757 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228-1710
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-1991361

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, WILLIAM
5757 GULF OF MEXICO DR
#310
LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BUCKLEY, WILLIAM	
STREET ADDRESS	5757 GULF OF MEXICO DR #310	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YESSIN, RUDY	
STREET ADDRESS	5757 GULF OF MEXICO DR #113	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ATASSI, MARIA	
STREET ADDRESS	5757-GULF OF MEXICO DR #309	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	T	<input type="checkbox"/> Delete
NAME	FISHMAN, SAM	
STREET ADDRESS	5757 GULF OF MEXICO DR, #105	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	YADLEY, JEAN	
STREET ADDRESS	5757 GULF OF MEXICO DR #205	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, JAY M.D.	
STREET ADDRESS	5757 GULF OF MEXICO DR, #215	
CITY-ST-ZIP	LONGBOAT KEY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

WILLIAM BUCKLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/2000 941 383, 9402

CR2E037 (9/99)