


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90494 022 ****61.25

DOCUMENT # 721380			
1. Entity Name THE SHORE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5757 GULF OF MEXICO DR LONGBOAT KEY, FL 34228 US		Mailing Address C/O CONDOMINIUM MANAGEMENT, INC 1801 GLEGARY STREET SARASOTA, FL 34231 US	
2. Principal Place of Business		3. Mailing Address 4301 32nd St W A-19	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bradenton FL	
Zip	Country	Zip	Country
34205	USA	34205	USA
4. FEI Number 38-1991361		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM MANAGEMENT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name C&S CONDOMINIUM MGMT. SERVS. Street Address (P.O. Box Number is Not Acceptable) 4301 32nd St W. SUITE A-19 City BRADENTON FL Zip Code 34205	
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.			
SIGNATURE <u>Shirley Brown VP</u> Signature, typed or printed name of registered agent and title if applicable		DATE 4-1-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, WILLIAM 5757 GULF OF MEXICO DR #310 LONGBOAT KEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPREN, NORMAN 5757 GULF OF MEXICO DR #116 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YESSIN, RUDY 5757 GULF OF MEXICO DR #113 LONGBOAT KEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL OVERSMITH 5757 GULF OF MEXICO DR # 309 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATASSI, MARIA 5757 GULF OF MEXICO DR #309 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHMAN, SAM 5757 GULF OF MEXICO DR # 105 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, SAM 5757 GULF OF MEXICO DR, #105 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBNER, RONALD 5757 GULF OF MEXICO DR # 216 LONGBOAT KEY, FL 34226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRONIN, BILL 5757 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATASSI, MARIA 5757 GULF OF MEXICO DR # 309 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALPREN, NORMAN 5757 GULF OF MEXICO DR, #215 LONGBOAT KEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKHAM, JESSIE 5757 GULF OF MEXICO DR. 316 LONGBOAT KEY, FL 34226 <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u>William D. Cronin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/27/04 DAYTIME PHONE # 941 387-9257	