


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90047 027 ****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
 4301 32ND ST N A-19
 BRADENTON, FL 34205 US

40008474

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
 38-1991361

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C & S CONDOMINIUM MGMT. SERVICES
 4301 32ND ST N A-19
 BRADENTON, FL 34205

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HALNREW, NORMAN 5757 GULF OF MEXICO DR #116 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OVERSUITH, DAVI 5757 GULF OF MEXICO DR #303 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 type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUEBUER, RONALD 5757 GULF OF MEXICO DR #216 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARUSSI, MARIA 5757 GULF OF MEXICO DR #309 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARKHAM, JESSIE 5757 GULF OF MEXICO DR #316 LONGBOAT KEY, FL 34228 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD Halpern Norm 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 | VP Oversuith, Davi 5757 Gulf of Mexico Dr #303 Longboat Key, FL 34228 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: _____ Date: 1-24-05 Daytime Phone #: 941-758-9451 x104