


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 043 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C & S CONDOMINIUM MGMT. SERVICES 4301 32ND ST N A-19 BRADENTON, FL 34205				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	RD <input type="checkbox"/> Delete		TITLE	RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALPERN, NORM		NAME	Fishman, Sam	
STREET ADDRESS	5757 GULF OF MEXICO DR #116		STREET ADDRESS	5757 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat Key FL 34228	
TITLE	VP <input type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	OVERSMITH, PAUL		NAME	Bran, Paul	
STREET ADDRESS	5757 GULF OF MEXICO DR #303		STREET ADDRESS	5757 Gulf of Mexico Dr.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISHMAN, SAM		NAME		
STREET ADDRESS	5757 GULF OF MEXICO DR #105		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUEBUER, RONALD		NAME		
STREET ADDRESS	5757 GULF OF MEXICO DR #216		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 419, 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>Sam Fishman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/17/06</u> Daytime Phone # <u>813-258-2981</u>		