

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90220 037 ****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**

60001738



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

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

**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

Signature, typed or printed name of registered agent and fiduciary (if applicable)

(NOTE: Registered Agent must be required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HALPERN, NORM**
STREET ADDRESS **5757 GULF OF MEXICO DR #116**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE **PD** ☒ Change ☒ Addition
NAME **Brown, Paul**
STREET ADDRESS **5757 Gulf of Mexico Dr**
CITY-STATE-ZIP **Longboat Key Fl. 34228**

TITLE **VP** ☐ Delete
NAME **OVERSMITH, PAUL**
STREET ADDRESS **5757 GULF OF MEXICO DR #303**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE **SD** ☐ Change ☒ Addition
NAME **Asinas, Juan**
STREET ADDRESS **5757 Gulf of Mexico Dr**
CITY-STATE-ZIP **Longboat Key, Fl. 34228**

TITLE **SD** ☒ Delete
NAME **FISHMAN, SAM**
STREET ADDRESS **5757 GULF OF MEXICO DR #105**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **FISHMAN, SAM**
STREET ADDRESS **5757 GULF OF MEXICO DR**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☒ Delete
NAME **BROWN, PAUL**
STREET ADDRESS **5757 GULF OF MEXICO DR**
CITY-STATE-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Sam Fishman* **Sam Fishman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3-258-2981
1/8/2007
Date Daytime Phone #