

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721380

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE SHORE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5757 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

5757 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Mailing Address:

4301 32ND STREET WEST A-20
BRADENTON, FL 34205 US

FEI Number: 38-1991361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

C & S CONDOMINIUM MGMT. SERVICES
4301 32ND ST N A-20
BRADENTON, FL 34205 US

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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRAVN, PAUL
Address: 5757 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: OVERSMITH, PAUL
Address: 5757 GULF OF MEXICO DR #303
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: ASINAW, JOAN
Address: 5757 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: FISHMAN, SAM
Address: 5757 GULF OF MEXICO DR
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OVERSMITH, PAUL
Address: 5757 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP (X) Change () Addition
Name: KUJELL, PAUL
Address: 5757 GULF OF MEXICO DR #303
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD (X) Change () Addition
Name: ASINAS, JOAN
Address: 5757 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM FISHMAN

DT

01/07/2009

Electronic Signature of Signing Officer or Director

Date