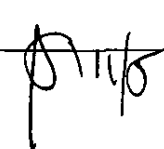
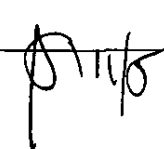


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 724325 1. Entity Name SHOREHAM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404			Mailing Address 1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1685895				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FLORIDA 1ST ASSOCIATION MANAGEMENT 1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404	
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 <u><i>Larry Sanborn</i></u> DATE <u>10-24-08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	P SCHRUMPF, ALBA 125 SHORE CT, 104B NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700137609167 11/04/08--01025--002 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONHARDT, WALTER 125 SHORE COURT #106A NORTH PALM BEACH, FL 33408	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VP LEITERA, FRANK 1365 SW ACKARD AV PORT ST. LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCKMAN, JOYCE 125 SHORE CT, #105A NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D LEAVITT-HOLLAND, DANA 125 SHORE COURT #103A NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOMOWITZ, TRICIA 125 SHORE CT, #301A NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Alba Schumpf</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>10/27/08</u> Daytime Phone # <u>561-257-1302</u>		

FILED
08 NOV -4 AM 9:55
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

