2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 724325

1. Entity Name
SHOREHAM CONDOMINIUM ASSOCIATION, INC.

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

REINSTATEMENT 08

Principal Place of Business	Mailing Address
1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404	1165 E. BLUE HERON BLVD SUITE K RIVIERA BEACH, FL 33404

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 Terry Landon 10-24-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 LETTERA, 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 SLOMWITZ, 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: [signature] 10/27/08 561-207-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #