

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90003 023 ****61.25

DOCUMENT # 727647 1. Entity Name SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 900 GULF SHORE DR. DESTIN, FL 32541 US			Mailing Address P.O. BOX 414 DESTIN, FL 32540 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWMAN, JR., RAYMOND F PARADISE VILLAGE 348 MIRACLE STRIP PKWY STE. 7 FORT WALTON BEACH, FL 32548			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	D LUTHER, JEFFREY 2714 CRANDALL COURT BIRMINGHAM, AL 35243 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEMAN, NORMA 900 GULF SHORE DR. DESTIN, FL 32541 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, GREGORY 2468 LARK STREET NEW ORLEANS, LA 70122 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASON, GEORGE M. 115 N. SIDE SQUARE HUNTSVILLE, AL 35801 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POPE, GEORGE W 757 HWY. 98 EAST #14302 DESTIN, FL 32541 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARBURTON, JACK 900 GULF SHORE DR. DESTIN, FL 32541 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COBB, KATHY 121 BOYCE DRIVE SHALIMAR, FL 32579 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, DESSIE 900 GULF SHORE DR. DESTIN, FL 32541 ☐ 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 exemption stated in Section 119.07(3)(i), 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: <i>Norma Freeman</i> NORMA FREEMAN, VP			1/8/03 (850) 8377411 Date Daytime Phone #		