2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# 727647

Entity Name: SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

900 GULF SHORE DR.
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 414
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-1647251 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, JR., RAYMOND F
PARADISE VILLAGE
348 MIRACLE STRIP PKWY STE. 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LUTHER, JEFFREY	
Address:	2714 CRANDALL COURT	
City-St-Zip:	BIRMINGHAM, AL 35243	
Title:	D	( ) Delete
Name:	O'BRIEN, GREGORY	
Address:	2468 LARK STREET	
City-St-Zip:	NEW ORLEANS, LA 70122	
Title:	TD	( ) Delete
Name:	POPE, GEORGE W	
Address:	757 HWY. 98 EAST #14302	
City-St-Zip:	DESTIN, FL 32541	
Title:	PD	( ) Delete
Name:	WARBURTON, JACK	
Address:	900 GULFSHORE DR.	
City-St-Zip:	DESTIN, FL 32541	
Title:	S	( ) Delete
Name:	COBB, KATHY	
Address:	121 BOYCE DRIVE	
City-St-Zip:	SHALIMAR, FL 32579	
Title:	D	( ) Delete
Name:	DAVIS, DESSIE	
Address:	900 GULF SHORE DR.	
City-St-Zip:	DESTIN, FL 32541	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	FREEMAN, NORMA	
Address:	900 GULF SHORE DR. #3071	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	(X) Change ( ) Addition
Name:	FAUST, CRAIG	
Address:	900 GULF SHORE DR. #1094	
City-St-Zip:	DESTIN, FL 32541	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	HOWARD, MIKE	
Address:	14306 LAKE FOREST DR	
City-St-Zip:	LOUISVILLE, KY 40245	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRI A TOLBERT S 01/18/2005

Electronic Signature of Signing Officer or Director — Date