2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727647

FILED Apr 11, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 900 GULF SHORE DR. DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** P.O. BOX 414 DESTIN, FL 32540 US FEI Number: 59-1647251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWMAN, JR., RAYMOND F PARADISÉ VILLAGE 348 MIRACLE STRIP PKWY STE. 7 FORT WALTON BEACH, FL 32548 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LUTHER, JEFFREY Name: Name: 4605 OLD SHELL RD Address: Address: City-St-Zip: MOBILE, AL 36608 City-St-Zip: Title: () Delete Title: () Change () Addition FREEMAN, NORMA Name: Name: Address: 900 GULF SHORE DR 3112 Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARCUS, ELLIOT Name: WILLIAM, GINGER Name: 900 GULF SHORE DR 1026 6220 SHERIDAN OAKS DRIVE Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: BEAUMONT, TX 77706 Title: () Delete Title: (X) Change () Addition WARBURTON, JOHN Name: O'BRIEN, GREG Name: 512 N MCCLARY CART APT 5407 900 GULF SHORE DRIVE #3084 Address: Address: City-St-Zip: CHICAGO, IL 60611 City-St-Zip: DESTIN, FL 32540 Title: () Delete Title: (X) Change () Addition HOWARD, MIKE FAUST, CRAIG Name: Name: 18727 WEATHERFORD CIR 900 GULF SHORE DRIVE, # 1094 Address: Address: City-St-Zip: LOUISVILLE, KY 40245 City-St-Zip: DESTIN, FL 32540 Title: () Delete Title: () Change () Addition DAVIS, DESSIE Name: Name: Address: 900 GULF SHORE DR 2123 Address: DESTIN, FL 32541 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH WILLIAMS CAM 04/11/2007