

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:

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: PD () Delete
Name: LUTHER, JEFFREY
Address: 4605 OLD SHELL RD
City-St-Zip: MOBILE, AL 36608

Title: VP () Delete
Name: FREEMAN, NORMA
Address: 900 GULF SHORE DR 3112
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: MARCUS, ELLIOT
Address: 900 GULF SHORE DR 1026
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: O'BRIEN, GREG
Address: 512 N MCCLARY CART APT 5407
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: HOWARD, MIKE
Address: 18727 WEATHERFORD CIR
City-St-Zip: LOUISVILLE, KY 40245

Title: D () Delete
Name: DAVIS, DESSIE
Address: 900 GULF SHORE DR 2123
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILLIAM, GINGER
Address: 6220 SHERIDAN OAKS DRIVE
City-St-Zip: BEAUMONT, TX 77706

Title: D (X) Change () Addition
Name: WARBURTON, JOHN
Address: 900 GULF SHORE DRIVE #3084
City-St-Zip: DESTIN, FL 32540

Title: D (X) Change () Addition
Name: FAUST, CRAIG
Address: 900 GULF SHORE DRIVE, # 1094
City-St-Zip: DESTIN, FL 32540

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 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

Electronic Signature of Signing Officer or Director

Date