

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735425 (1)
 1. Corporation Name
THE SHUTTERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 155 YACHT CLUB DR. NO. PALM BEACH FL 33408	Mailing Address 155 YACHT CLUB DR. NO. PALM BEACH FL 33408
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3. Date Incorporated or Qualified 03/30/1976	3a. Date of Last Report 02/17/1995
4. FEI Number 59-1833567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

9. Name and Address of Current Registered Agent

GAGLIARDI, VINCENT J
155 YACHT CLUB DRIVE
#306
N PALM BCH FL 33408

10. Name and Address of New Registered Agent

81 Name **Walne Gilbert**
 82 Street Address (P.O. Box Number is Not Acceptable) **155 Yacht Club Dr. # 202**
 83 **North Palm Beach, ,**
 84 City **FL** 85 Zip Code **33408**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Gilbert Walne** *Gilbert Walne* DATE **1-24-96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	MIDDLETON, ROSE	
STREET ADDRESS	155 YACHT CLUB DRIVE	
CITY - ST - ZIP	N PALM BEACH, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAGLIARDI, VINCENT J	
STREET ADDRESS	155 YACHT CLUB DR #306	
CITY - ST - ZIP	N PALM BEACH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOUNT, MILDRED	
STREET ADDRESS	155 YACHT CLUB DR #406	
CITY - ST - ZIP	N PALM BEACH, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALNE, GILBERT	
STREET ADDRESS	155 YACHT CLUB #202	
CITY - ST - ZIP	N PALM BEACH, FL 00000	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KEEN, CHARLOTTE	
STREET ADDRESS	155 YACHT CLUB DR #206	
CITY - ST - ZIP	N PALM BEACH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walne, Gilbert	
2.3 STREET ADDRESS	155 Yacht Club Drive # 202	
2.4 CITY - ST - ZIP	N. Palm Beach, Fl 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Van Note, John	
4.3 STREET ADDRESS	155 Yacht Club Drive # 106	
4.4 CITY - ST - ZIP	N. Palm Beach, Fl 33408	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Margaret McCauley	
5.3 STREET ADDRESS	155 Yacht Club Drive # 202	
5.4 CITY - ST - ZIP	N. Palm Beach, Fl 33408	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gilbert Walne** *Gilbert Walne* DATE **1-24-96**

CR2E037 (12/95)