

FILE NOW: FILING FEE IS \$61.25

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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 735425 (1)  
1. Corporation Name  
THE SHUTTERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
155 YACHT CLUB DR. NO. PALM BEACH FL 33408  
155 YACHT CLUB DR. NO. PALM BEACH FL 33408-3996

3. Date Incorporated or Qualified 03/30/1976  
3a. Date of Last Report 01/31/1996

|                                |                     |                     |                     |   |  |                                |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|--------------------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 4. FEI Number<br>59-1833567   |  | Applied For<br>Not Applicable  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required |  |
| 22                             | City & State        | 27                  | City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees    |  |
| 23                             | Zip                 | 28                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                |  |
| 24                             | Country             | 29                  | Country             |   |  |                                |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALNE, GILBERT  
155 YACHT CLUB DR. #202  
#306  
N. PALM BEACH FL 33408

81 Name  
Walne, Gilbert  
82 Street Address (P.O. Box Number is Not Acceptable)  
155 Yacht Club Dr. # 201  
83  
North Palm Beach Fl 33408  
84 City  
FL 85 Zip Code

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*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-97

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | TD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MIDDLETON, ROSE                    | 1.2 NAME  |  |
| STREET ADDRESS             | 155 YACHT CLUB DRIVE               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N PALM BEACH, FL 00000             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WALNE, GILBERT                     | 2.2 NAME  |  |
| STREET ADDRESS             | 155 YACHT CLUB DR. #201            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N. PALM BEACH FL                   | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MOUNT, MILDRED                     | 3.2 NAME  |  |
| STREET ADDRESS             | 155 YACHT CLUB DR #406             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N PALM BEACH, FL 00000             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VAN NOTE, JOHN                     | 4.2 NAME  |  |
| STREET ADDRESS             | 155 YACHT CLUB DR. #106            | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N PALM BEACH, FL 00000             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | AS <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MCCAULEY, MARGARET                 | 5.2 NAME  |  |
| STREET ADDRESS             | 155 YACT CLUB DRIVE #202           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | N. PALM BEACH FL                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  | VP<br>Gaglardi, Vincent  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    | 155 Yacht Club Dr # 306, N.P.B   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97 (561) 626-0516  
Date Phone #

CR2E037 (9/96)