FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ..

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(1)

THE SHUTTERS CONDOMINIUM ASSOCIATION, INC.

Mailing Address

FILED Mar 02 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address		I TREATH TOTOLE STREET BEINT BIDGE THEOLEGIE BIDGE	
155 YACHT CL NO. PALM BEA		155 YACHT CLUB DR.		3. Date Incorporated or Qualified	
NO. PALM BEA	ICH FL 33406	NO. PALM BEACH FL 33408		03/30/1976	
				4. FEI Number Applied For	
9 Dringing D	No. of Charles	10: 12:		59-1833567 Not Applicable	
21	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		Fee Required	
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	9	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28		X Yes ☐ No	
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes 🔼 No	
<u> </u>	9. Name and Address of Current	Hegistered Agent	81 Nar	10. Name and Address of New Registered Agent	
M NAVAL BUT	OH BEDT			Ray Mortan	
	GILBERT		82 Stre	et Addines (P.O. Box Number Is Not Acceptable)	
#306	CHT CLUB DR., #201		83	1155 Yacht Club Dr. 308	
	I BEACH FL 33408			North Palm Beach.	
l			84 City	85 Zip Code	
11. Pursuant	to the previsions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above-nam	ed corporation submits this statement for the purpose of changing its registered	
office or r agent. I a	egistered agent, or both in the State o m/amitar with, and accept the obligat	if Florida. Such change was au ions of, Section 617.0503, Flori	ithorized by the c ida Statutes.	orporation's board of directors. I hereby accept the appointment as registered	
11. Pursuant to the previsions 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					
12.	Signature, types of printed name of registered (Jeni OFFICERS/AND	and title II applicable (NOTE:	Registered Agent signs	ture required when reinstating) DATE	
TITLE	TD OFFICERS/AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MIDDLETON, ROSE	L. DELETE	1.1 TITLE	Rose Middleton Change Addition	
STREET ADDRESS	155 YACHT CLUB DRIVE		1.2 NAME	165 Veel 4 01.45 No. // 707	
CITY-ST-ZIP	N PALM BEACH, FL 00000		1.3 STREET ADDRES	North Palm Bch, F1 33408	
TITLE	PD PD	K DELETE	1.4 CITY-ST-ZIP		
NAME	WALNE, GILBERT	-X	I I	- T	
STREET ADDRESS	155 YACHT CLUB DR. #201		2.3 STREET ADDRES	Morgan	
CITY-ST-ZIP	N. PALM BEACH FL		2.4 CITY-ST-ZIP	1 100 lacif Club Di . # 506	
TITLE	SD	DELETE	3.1 TITLE	SU -0 Change Addition	
NAME	MOUNT, MILDRED		3.2 NAME	Mildred Mount	
STREET ADDRESS	155 YACHT CLUB DR #406		3.3 STREET ADDRES		
CITY-ST-ZIP	N PALM BEACH, FL 00000	¥	3.4. CITY-ST-ZIP	North Palm Bc. Fl 33408	
TITLE	VP	DELEYE	4.1 TITLE	☐ Change ☐ Addition	
NAME	van note, John		4. 2 NAME		
STREET ADDRESS	155 YACHT CLUB DR. #106		4.3 STREET ADDRES	s	
CITY-ST-ZIP	N PALM BEACH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	AS	XX DELETE	5.1 TITLE	AS - D Addition ☐ Addition	
NAME	MCCAULEY, MARGARET		5.2 NAME	Patricia Ricketts	
STREET ADDRESS	155 YACT CLUB DRIVE #202		5.3 STREET ADDRES		
CITY-ST-ZIP	N. PALM BEACH FL		5.4 CITY - ST - ZIP	North Palm Rch Fl	
TITLE	VP	☐ DELETE	6.1 TITLE	VP - D Change Addition	
NAME	GAGLARDI, VINCENT		6.2 NAME	Vincent Gagliardi	
STREET ADDRESS	155 YACHT CLUB DR., #306		6.3 STREET ADDRES		

14. I 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

SIGNATURE:

624-1635