2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 8:00 am **DOCUMENT # 742165 Secretary of State** 1. Entity Name 02-15-2008 90014 008 ****61.25 THE SHORE WALK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 112 LINDA LN., APT. 4 112 LINDA LN., APT. 4 PALM BEACH SHORES FL 33404 PALM BEACH SHORES FL 33404 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E037 (10/07) 1st MOORE Applied For City & State City & State 4. FEI Number 58-1666406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGERS, JAMES A Street Address (P.O. Box Number is Not Acceptable) 112 LINDA LANE APT 4 PALM BEACH SHORES FL 33404 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the J approach. (NOTE: Registered Agent signature registed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Florida Department of State Due By May 1, 2008 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ■ Addition TiΠE ☐ Delete BRADLEY, CYNTHIA NAME NAME 112 LINDA LANE APT-2 STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL CITY-ST-ZIP CITY-ST-ZIP T. RodgERS JAMES D Addition TITLE ☐ Defete TITLE RODGERS, JAMES NAME NAME 112 LINDA LANE STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE STREIT, ARTHUR NAME STREIT NAME ARTHUR 112 LINDA LANE APT 3 STREET ADDRESS STREET ADDRESS PALM BEACH SHORES FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Audition THRE LAPLANTE, WILLIAM NAME NAME 742 PECK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHESHIRE CT 06416 CITY-ST-ZiP ☐ Change ☐ Delete TITLE Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Datete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Dan Hoder

JAMES RodgERS

1/25/08

FILED