

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

DOCUMENT # **742239** (7)
1. Corporation Name
THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **106 LINDA LANE, PALM BEACH SHORES FL 33404**
Mailing Address: **106 LINDA LANE, PALM BEACH SHORES FL 33404**

3. Date Incorporated or Qualified: **03/29/1978**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-2764638**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORZA, MARGUERITE R
106 LINDA LANE
PALM BEACH SHORES FL 33404**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORZA, MARGUERITE R	
STREET ADDRESS	106 LINDA LANE	
CITY - ST - ZIP	PALM BCH SHRS, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COWLING, VINCENT F.	
STREET ADDRESS	106 LINDA LANE	
CITY - ST - ZIP	PALM BCH. SHRS. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LEWIS, CHARLENE	
STREET ADDRESS	106 LINDA LANE	
CITY - ST - ZIP	PALM BCH SHORES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SINCLAIR, MARSHALL	
STREET ADDRESS	106 LINDA LANE	
CITY - ST - ZIP	PALM BEACH SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D BARBARA CAHILL	
1.3 STREET ADDRESS	106 LINDA LANE #2	
1.4 CITY - ST - ZIP	Palm Beach Shores, FL 33404	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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: _____
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 407-845-6372
Date Daytime Phone #

CR2E037 (12/95)