## DOCUMENT # 742239 1. Entity Name

THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC.				Secretary of State			
Principal Place of Business  106 LINDA LANE PALM BEACH SHORES FL 33404		Mailing Address		01-10	-2001 90076 011 ***	*61.25	
		106 LINDA LANE PALM BEACH SHORES FL 33404					
2. Principal Pl	lace of Business	3. Mailing Address					
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		4. FEI Number 59-2764638 Applied For Not Appliedable			
							Zip
	6. Name and Address of Current	t Registered Agent		7. Name and Add	ress of New Registered A		
			Name - * '				· · · · · ·
	ARGUERITE R		Street Addres		s (P.O. Box Number is Not Acceptable)		
106 LINDA PALM REA	A LANE ACH SHORES FL 33404						
17.0	1011 01101120 1 2 3 3 1 3		City		FL	Zip Cod	•
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature red	uired when reinstating)	DATE	·	
	Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25	s and title if applicable. (NOT  9. Election Campaign Trust Fund Contrib	n Financing\$	5.00 May Be	Make Check P Department		
	FILE NOW:	9. Election Campaign Trust Fund Contrib	n Financing\$	5.00 May Be ided to Fees	Make Check P	of State	
10. TITLE	FILE NOW: FEE IS \$61.25  OFFICERS AND DI	9. Election Campaign Trust Fund Contrib	n Financing \$ sution.	5.00 May Be ided to Fees	Make Check P Department	of State	
10. TITLE NAME	FILE NOW: FEE IS \$61.25  OFFICERS AND DI PD ORZA, MARGUERITE R	9. Election Campaigr Trust Fund Contrib	n Financing sution. Ac	5.00 May Be ided to Fees	Make Check P Department	of State	10
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I nereby 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 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.

561) 845 2096 Daytime Phone #