


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

| | |
|--|--|
| DOCUMENT # 742239 1. Entity Name THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 106 LINDA LANE PALM BEACH SHORES FL 33404 | Mailing Address 106 LINDA LANE PALM BEACH SHORES FL 33404 |
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|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|--------------------|--------------------|
| Suite, Apt #, etc. | Suite, Apt #, etc. |
|--------------------|--------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



1st MOORE CR2E037 (10/04)

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| 6. Name and Address of Current Registered Agent LEWIS, CHARLENE 106 LINDA LANE PALM BEACH SHORES FL 33404 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ |
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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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|--|
| TITLE | PD ORZA, MARGUERITE R <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | ORZA, MARGUERITE R | NAME | |
| STREET ADDRESS | 106 LINDA LANE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH SHRS, FL 00000 | CITY-ST-ZIP | U00000216662 02/05/05-80056-018 61.25 |
| TITLE | TD COWLING, VINCENT F. <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | COWLING, VINCENT F. | NAME | |
| STREET ADDRESS | 106 LINDA LANE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. SHRS. FL | CITY-ST-ZIP | |
| TITLE | DS LEWIS, CHARLENE <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | LEWIS, CHARLENE | NAME | |
| STREET ADDRESS | 106 LINDA LANE | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH SHORES FL | CITY-ST-ZIP | |
| TITLE | D CAHILL, BARBARA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | CAHILL, BARBARA | NAME | |
| STREET ADDRESS | 106 LINDA LANE 2 | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH SHORES FL | CITY-ST-ZIP | |
| TITLE | D MCCARTHY, ELENA <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | MCCARTHY, ELENA | NAME | |
| STREET ADDRESS | 106 LINDA LANE #4 | STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH SHORES FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHARLENE LEWIS**  2-3-05 561-512-85

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #