

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90025 001 ****61.25

DOCUMENT # 742239

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2764638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME ORZA, MARGUERITE R
STREET ADDRESS 106 LINDA LANE
CITY-ST-ZIP PALM BCH SHRS, FL 00000

TITLE TD ☐ Delete
NAME COWLING, VINCENT F.
STREET ADDRESS 106 LINDA LANE
CITY-ST-ZIP PALM BCH. SHRS. FL

TITLE DS ☐ Delete
NAME LEWIS, CHARLENE
STREET ADDRESS 106 LINDA LANE
CITY-ST-ZIP PALM BCH SHORES FL

TITLE D ☐ Delete
NAME CAHILL, BARBARA
STREET ADDRESS 106 LINDA LANE 2
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE D ☐ Delete
NAME MCCARTHY, ELENA
STREET ADDRESS 106 LINDA LANE #4
CITY-ST-ZIP PALM BEACH SHORES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PDS
STREET ADDRESS LEWIS, CHARLENE
CITY-ST-ZIP 106 LINDA LANE #2
Palm Bch Shores, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Colleen Kehoe D
STREET ADDRESS 106 LINDA LANE #1
CITY-ST-ZIP Palm Bch Shores, FL 33404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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.

SIGNATURE:

[Signature]

CHARLENE LEWIS

2-20-06

561-512-5594