

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2764638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, CHARLENE 106 LINDA LANE PALM BEACH SHORES FL 33404
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	
TITLE	TD <input type="checkbox"/> Delete COWLING, VINCENT F.
STREET ADDRESS	106 LINDA LANE
CITY - ST - ZIP	PALM BCH. SHRS. FL
TITLE	PDS <input type="checkbox"/> Delete LEWIS, CHARLENE
STREET ADDRESS	106 LINDA LN # 2
CITY - ST - ZIP	PALM BEACH SHORES FL 33404
TITLE	D <input type="checkbox"/> Delete CAHILL, BARBARA
STREET ADDRESS	106 LINDA LANE 2
CITY - ST - ZIP	PALM BEACH SHORES FL
TITLE	D <input type="checkbox"/> Delete MCCARTHY, ELENA
STREET ADDRESS	106 LINDA LANE #4
CITY - ST - ZIP	PALM BEACH SHORES FL
TITLE	D <input type="checkbox"/> Delete KEHOE, COLLEEN D
STREET ADDRESS	106 LINDA LN # 1
CITY - ST - ZIP	PALM BEACH SHORES FL 33404
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000725157
CITY - ST - ZIP	05/03/07-80011-004 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **CHARLENE LEWIS** 4-20-07 (561) 512-8594