


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

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 742239</b> 1. Entity Name <b>THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>106 LINDA LANE PALM BEACH SHORES FL 33404</b>	Mailing Address <b>106 LINDA LANE PALM BEACH SHORES FL 33404</b>
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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 <b>59-2764638</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>LEWIS, CHARLENE 106 LINDA LANE PALM BEACH SHORES FL 33404</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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"/> <b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete <b>COWLING, VINCENT F. 106 LINDA LANE PALM BCH. SHRS. FL</b>
TITLE	PDS <input type="checkbox"/> Delete <b>LEWIS, CHARLENE 106 LINDA LN # 2 PALM BEACH SHORES FL 33404</b>
TITLE	D <input type="checkbox"/> Delete <b>CAHILL, BARBARA 106 LINDA LANE 2 PALM BEACH SHORES FL</b>
TITLE	D <input type="checkbox"/> Delete <b>MCCARTHY, ELENA 106 LINDA LANE #4 PALM BEACH SHORES FL</b>
TITLE	D <input type="checkbox"/> Delete <b>KEHOE, COLLEEN D 106 LINDA LN # 1 PALM BEACH SHORES FL 33404</b>
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000000725157 05/03/07-80011-004 61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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