

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**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
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2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE      CR2E037 (10/07)

4. FEI Number  
**59-2764638**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEWIS, CHARLENE**  
106 LINDA LANE  
PALM BEACH SHORES FL 33404

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

U00000323108  
05/18/08-80018-011 61.25

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 employment.

SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]* President

**CHARLENE LEWIS**