2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742239

FILED Apr 29, 2009 Secretary of State

Entity Name: THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

106 LINDA LANE 106 LINDA LANE

PALM BEACH SHORES, FL 33404 #2

PALM BEACH SHORES, FL 33404

Current Mailing Address: New Mailing Address:

106 LINDA LANE 106 LINDA LANE

PALM BEACH SHORES, FL 33404 #2
PALM BEACH SHORES, FL 33404

FEI Number: 59-2764638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEWIS, CHARLENE
106 LINDA LANE
LEWIS, CHARLENE
106 LINDA LANE

PALM BEACH SHORES, FL 33404 US #2
PALM BEACH SHORES, FL 33404 US

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.

SIGNATURE: 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: TD () Delete Title: TD (X) Change () Addition

 Name:
 COWLING, VINCENT F.
 Name:
 COWLING, VINCENT F.

 Address:
 106 LINDA LANE
 Address:
 106 LINDA LANE #2

 City-St-Zip:
 PALM BCH. SHRS., FL
 City-St-Zip:
 PALM BCH. SHRS., FL 33404

Title: PDS () Delete Title: () Change () Addition

 Name:
 LEWIS, CHARLENE
 Name:

 Address:
 106 LINDA LN # 2
 Address:

 City-St-Zip:
 PALM BEACH SHORES, FL 33404
 City-St-Zip:

PALM BEACH SHORES, FL 33404

Title: D () Delete Title: D (X) Change () Addition Name: CAHILL, BARBARA Name: CAHILL, BARBARA

Address: 106 LINDA LANE 2 Address: 106 LINDA LANE #3

City-St-Zip: PALM BEACH SHORES, FL 33404

Name:MCCARTHY, ELENAName:MCCARTHY, ELENAAddress:106 LINDA LANE #4Address:106 LINDA LANE #4City-St-Zip:PALM BEACH SHORES, FLCity-St-Zip:PALM BEACH SHORES, FL33404

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 Title:
 D
 () Delete
 Title:
 () Change () Addition

 Name:
 KEHOE, COLLEEN D
 Name:

 Address:
 106 LINDA LN # 1
 Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLENE LEWIS MRS. 04/29/2009

Electronic Signature of Signing Officer or Director

Date