

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749506

FILED
Apr 04, 2005
Secretary of State

Entity Name: ONE THIRTY FIVE SHORE COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

106 W. DORY ROAD S
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

106 W. DORY ROAD S
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2069010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAPE OLIVIA M.
106 SOUTH DORY ROAD
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRAPE, JERRY W.,
Address: 106 S. DORY RD.
City-St-Zip: N PALM BCH, FL

Title: TD () Delete
Name: KRAPE, OLIVIA M.,
Address: 106 DORY ROAD, SOUTH
City-St-Zip: N PALM BCH, FL

Title: VPD () Delete
Name: CLEMENS, DONALD,
Address: 237 CASTLEWOOD DR SUITE 1
City-St-Zip: N PALM BCH, FL 33408

Title: SD () Delete
Name: IRIS, SANDY
Address: 301 LAKE SHORE DR APT 302
City-St-Zip: LAKE PARK, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FRIIS, SANDY
Address: 301 LAKE SHORE DR APT 302
City-St-Zip: LAKE PARK, FL 33403

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: OLIVIA M. KRAPE

TREA

04/04/2005

Electronic Signature of Signing Officer or Director

Date