2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

DOCUMENT# 749506

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

Current Principal Place of Business:

135 SHORE COURT
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

106 DORY ROAD SOUTH
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
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: FRIIS, 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: OLIVIA KRAPE TD 01/07/2007

Electronic Signature of Signing Officer or Director — Date