

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 750028

1. Entity Name

SHORES RESIDENT ASSOCIATION, INC.



**FILED
Mar 17, 2006 8:00 am
Secretary of State**

03-17-2006 90141 046 ****61.25



1st MOORE CR2E037 (10/05)

4. FEI Number	59-1829730	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

CALHOUN, JAMES DEAN
1700 3RD AVE W
912
BRADENTON FL 34205

Name *Ruth Curry*
Street Address (P.O. Box Number is Not Acceptable)
1700 3rd Ave W Apt 822
City *Bradenton* Zip Code *FL 34205*

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 *X Ruth Curry*
Signature, typed or printed name of registered agent and last 4 digits of SSN

(NOTE: Registered Agent signature required when restating)

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, CLEMENT 1700 3RD AVE. W 509 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <i>Ruth Curry, Ruth</i> <i>1700 3rd Ave W 822</i> <i>Bradenton, FL 34205</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALHOUN, JAMES DEAN 1700 -3RD AVE W # 912 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <i>Albert Richardson, Albert</i> <i>1700 3rd Ave W 219</i> <i>Bradenton, FL 34205</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VAN VLIET, CORNELIA 1700-3RD AVE W, # 907 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, ELIZABETH 1700-3RD AVE W, # 919 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Spears, Ed</i> <i>1700 3rd Ave W 705</i> <i>Bradenton, FL 34205</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SHIRLEY 1700-3RD AVE W, # 818 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <i>Wilson, Lorraine</i> <i>1700 3rd Ave W 605</i> <i>Bradenton, FL 34205</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCLELLAN, MARION 1700-3RD AVE W, # 401 BRADENTON FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <i>Stipp, Barry</i> <i>1700 3rd Ave W 402</i> <i>Bradenton, FL 34205</i>	<input checked="" 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: *F. Barry Stipp* *F. Barry Stipp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06 (941) 747-6911

Date Daytime Phone #



ATTACHMENT

50003405

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

SHORES RESIDENT ASSOCIATION, INC.
1700 3RD AVE W
APT 402
BRADENTON, FL 34205 US

Subject: SHORES RESIDENT ASSOCIATION, INC.

Reference Number: **750028**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION