## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

756607

(8)

PARK SHORES OF INDIAN RIVER SHORES CONDOMINIUM A

SSOCIATION, INC.							
Principal Place of Business Mailing Address							
C/O ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH ST 1105-12TH STREET VERO BEACH FL 32960  ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960					MGM	ī	
US US							3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1981 04/24/1995
2. Principal Place of Business 2a. Mailing Ad			Mailing Address	Address			4. FEI Number Applied For
21			Suite, Apt. #, etc.				59-2184328   Not Applicable   \$8.75 Additional
Suite, Apt. #, etc.			27				5. Certificate of Status Desired Fee Required
City & State 28			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zφ	Country	Z	<b>ž</b> ip	$\overline{}$	ountry		8. This corporation has liability for intargible tax under s. 199.032,
24	25	[29]		30			Florida Statutes
9. Name and Address of Current Registered Agent						Name	
					Ľ		
ELLIOTT, RICHARD D					82	Street /	t Address (P.O. Box Number is Not Acceptable)
ELLIOTT MERRILL COMMUNITY MGMT					83	-	
	rth street Beach Fl 32960						
VERU E	DEMON PL 32900				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered great Law							
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					···	nt signature re	e required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECT	ORS DELETE	1:	3. 1 TITLE		DPD Change Addition
TITLE	PD ANN		Direction		2 NAME		
NAME	SHULTS, ANN 133 PARK SHORES CIRCLE,	70				ADDRESS	I . A Carl Chare CAYCIC. 34 W
STREET ADDRESS CITY-ST-ZIP	VERO BEACH FL	16			4 CITY-S		Vero Beach FL 32963
TITLE	D DEACH FL		DELETE		1 TITLE	31-24	VPD. Dechange Addition
NAME	PEARCE, JEAN		_	2.3	2 NAME		David Gibson Circle, 29 E
STREET ADDRESS	109 PARK SHORES CIRCLE,	36W		2.3	3 STAEET	ADDRESS	121 Park Shores City 12
CITY-ST-ZIP	VERO BEACH FL			2.	4 CITY-	ST-ZIP	Vero Beach FL 32943 Treas Sec/Dir Defiange Addition
TITLE	1D		DELETE	3.	1 TITLE		Treas   Sec   Dir   Ochange   Addition
NAMÉ	WALSH, AUSTIN			3 3	2 NAME		Austin Walsh Coole 1E
STREET ADDRESS	133 PARK SHORES CIRCLE,	1E		3	3 STREET	ADDRESS	Mr. Herhert Cherrier Whange Addition  Mr. Herhert Cherrier  Joseph Shores Circle, IW
CITY-ST-ZIP	VERO BEACH FL				4. CITY-	ST-ZIP	Very beach FL 32963
TITLE	VD		DELETE		1 TITLE		D Hewhert Cherrier Dehange Addition
NAME	TEMPLETON, EARL				2 NAME		In Pack Shores Circle, IW
STREET ADDRESS	129 PARK SHORES CIRCLE,	19E				T ADDRESS	1/200 Parch El 329103
CITY-ST-ZIP	VERO BEACH FL		DELETE		4 CITY - 1	ST - ZIP	Vero Seach, PC 3 Dehange Addition
TITLE	SD MADOO COTT		Dretter		1 TITLE 2 NAME		Vero Beach, FL 32963  D. Mr. Pete Guilbault  Mr. Pete Guilbault  S 121 Park shores Circle, 32 E
NAME CTOTET ADODESC	MARGO, SCOTT	OAW				T ADDRESS	121 Park shores Circle, 3d E
STREET ADDRESS	107 PARK SHORES CIRCLE, VERO BEACH FL	2411			4 CITY-:		VeroBeach FL 32963
CITY-ST-ZIP TITLE	VENU DEMON FL		DELETE		1 TITLE	31 - £11"	Change Addition
NAME					2 NAME		
STREET ADDRESS				1		T ADDRESS	s
CITY-ST-ZIP					4 CITY-		
311 31 21	l						15 for the section stated in Continue 440 07/00/04 Florido Stated on Lifethor

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or an attachment with an address)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96 401234 8640.

CR2E037 (12/95)