


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 758277 1. Entity Name SHORES EDGE CONDOMINIUM NO. 2, INC.	
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Principal Place of Business 290 N.W. 103RD ST. MIAMI, FL 33150	Mailing Address 290 N.W. 103RD ST. MIAMI, FL 33150
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139977	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPILL, JOY B 9100 SOUTH DADELAND BLVD. MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAITRAGO, MARTHA C 290 N.W. 103RD ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASTILLO, ANA 292 N.W. 103RD ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUIS, EMILIE 290 N.W. 103RD ST. MIAMI, FL 33150
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000250382
03/04/05-80008-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05 786-271-0213
Date Daytime Phone #