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 # 761442 (3)

1. Corporation Name
SHORELINE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460	400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 01/13/1982
3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-2174483 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., SUITE 10
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 office 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	~~WAKEMAN, DAVID~~		1.2 NAME	Murphy, JEFF	
STREET ADDRESS	~~50 VISTA DEL RIO~~		1.3 STREET ADDRESS	7 Las Sendas	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		1.4 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DILLON, DAVID		2.2 NAME		
STREET ADDRESS	8 LAS SENDAS		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	~~SD~~	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	~~WAKEMAN, BRENDA~~		3.2 NAME	Spera, Lenora	
STREET ADDRESS	~~50 VISTA DEL RIO~~		3.3 STREET ADDRESS	96 Las Brisas	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		3.4 CITY-ST-ZIP	Boynton Beach, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KUSSLER, MARIA ROSE		4.2 NAME		
STREET ADDRESS	2 LAS SENDAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAULDEN, STEPHEN		5.2 NAME		
STREET ADDRESS	43 VISTA DEL RIO		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	~~BROWN, WALTER~~		6.2 NAME		
STREET ADDRESS	~~9 LAS SENDAS~~		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOYNTON BCH FL~~		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: Stephen Gaulden Treas. 4/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #