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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33460-4455

3. Date Incorporated or Qualified: **01/13/1982**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, JEFF		1.2 NAME		
STREET ADDRESS	7 LAS SENDAS		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~DILLAN, DAVID~~		2.2 NAME	Goldman, Diana	
STREET ADDRESS	~~8 LAS SENDAS~~		2.3 STREET ADDRESS	79 Vista del Rio	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		2.4 CITY-ST-ZIP	Boynt Bch, FL	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPERA, LENORA		3.2 NAME		
STREET ADDRESS	86 LAS BRISAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		3.4 CITY-ST-ZIP		
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	D	☐ Change ☐ Addition
NAME	GAULDEN, STEPHEN		5.2 NAME	Goldman, Barry	
STREET ADDRESS	43 VISTA DEL RIO		5.3 STREET ADDRESS	79 Vista del Rio	
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP	Boynt. Bch, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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. 2/27/97 561-683-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039198