FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
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DOCUMENT # 761442

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	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/13/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2174483 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460	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	~~SD~~ P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEDSWORTH, DON		1.2 NAME		
STREET ADDRESS	45 VISTA DEL RIO		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	2.1 TITLE	S	☐ Change ☐ Addition
NAME	~~MC NEECE, LANETTE~~		2.2 NAME	Bitz, James	
STREET ADDRESS	~~62 VISTA DEL RIO~~		2.3 STREET ADDRESS	93 Las Brisas	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		2.4 CITY-ST-ZIP	Boynt. Bch 33426	
TITLE	D	☐ 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	D	☐ Change ☐ Addition
NAME	~~CHIAPPERINI, PETER~~		4. 2 NAME	Minke, Gary	
STREET ADDRESS	~~14 LAS ISLAS~~		4.3 STREET ADDRESS	33 Vista Del Rio	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		4.4 CITY-ST-ZIP	Boynt Bch, FL 33426	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GAULDEN, STEPHEN		5.2 NAME	Stephen Gaulden	
STREET ADDRESS	43 VISTA DEL RIO		5.3 STREET ADDRESS	43 Vista Del Rio	
CITY-ST-ZIP	BOYNTON BCH FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WAKEMAN, DAVID		6.2 NAME		
STREET ADDRESS	50 VISTA DEL RIO		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)