## NOT-FOR-PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 24, 2002 8:00 am Secretary of State

| BOOKBERT II MONICOLO II  | <i>"</i>                            | _ 05-24-2002 91333 04  | I/ TTT61.25   |
|--|-------------------------------------|--|---|
| 1. Entity Name Shore line Homeowners Associa   | ation, Inc                          |  |   |
| DO NOT WRITE IN THIS SP  | PAGE                                |  |   |
| 2. Principal Place of Business 3. Mailing Address 2328 5. Congress Ave 2328 5. Cong  | ress Ave                            |  |   |
| Suite, Apt. #, etc. Suite I-C Suite I-C Suite I-C  |                                     | DO NOT WRITE IN THIS SPACE   |   |
| City & State City & State  |                                     | 4. FEI Number  | Applied For   |
| West Falm Beach, FL West Falm &  | Ocach, FL<br>Country                | <u>59-2174483</u>  | Not Applicable  5 Additional  |
| 2ip 2ip 2ip 33 406 - US-A 334:06 334:06  | _USA                                | Fee R  | equired   |
|  | Name _ /                            | 7. Name and Address of Current Registered Agen   | at  |
| DO NOT WRITE   | Ed-<br>Street Address (             | P.O. Box Number is Not Acceptable)   |   |
| IN THIS SPACE  | 10 mg ( 10 mg )                     | P.O. Box Number is Not Acceptable)<br>Istralian Avenue South   | <u> </u>  |
|  | Suite<br>CIV                        | 400  | n Code  |
|  |                                     |  | 53409   |
| 8. The above named entity submits this statement for the purpose of changing its r   | registered office of register       | red agent, or both, in the state of Florida.   |   |
| SIGNATURE Colvard Michel Col   | N Su                                | de 5/402   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE:   | Registered Agent signature required | ownen reinstatung) DATE  | 282.000.000.000   |
| FEE IS \$61.25   |                                     |  | THE REPORT OF THE PARTY OF THE |
| Initial or Amended UBR Trust Fund Co   |                                     | \$5.00 May Be Added to Fees Department of  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE PD  |                                     |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE PD  NAME Tames Bitz   | ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  93 LAS Brisas  | ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  ITTLE  NAME  STREET ADDRESS  GIY-ST-ZIP  Boynton Beach, FL 33426  TITLE  VD   | Ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  IITLE  NAME  STREET ADDRESS  GIY-ST-ZIP  TITLE  VD  NAME  Rick Stead  Trust Fund Co  Trust Fund Co  | Ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  THE YD  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  | Ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  VD  NAME  STREET ADDRESS  CITY-ST-ZIP  Boynton Beach, FL 33426  TITLE  VD  NAME  STREET ADDRESS  CITY-ST-ZIP  Boynton Beach, FL 33426  TITLE  SD  TITLE  SD  | Ontribution.                        |  |   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  SD  NAME  IKATHIEEN MEYER  | Ontribution.                        | Added to Fees Department of  | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  Dearn ton Beach, FL 33426  TITLE  SD  NAME  STREET ADDRESS  CITY-ST-ZIP  Dearn ton Beach, FL 33426  TRUST FUND CO  | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  TD  SON TON BEACH, FL 33426  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  TD  GONY SMITH  GONY SMITH   | Ontribution.                        | Added to Fees Department of  | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  SD  ST VISTA DEL RIO  BOYN ton Beach, FL 33426  TD  GONY SMITH  STREET ADDRESS  ST VISTA DEL RIO  | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN TON BEACH, FL 33426  TITLE  DOYN TON BEACH, FL 33426   | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  SO VISTA DEL RIO  BOYN ton Beach, FL 33426  TITLE  NAME  TO  BOYN ton Beach, FL 33426  TITLE  NAME  TO  TO  TO  TO  TO  TO  TO  TO  TO  T  | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TD  Gary Smith  STREET ADDRESS  CITY-ST-ZIP  BOYN ton Beach, FL 33426  TITLE  TD  Gary Smith  STREET ADDRESS  CITY-ST-ZIP  BOYN ton Beach, FL 33426  TITLE  TD  Gary Smith  STREET ADDRESS  CITY-ST-ZIP  BOYN ton Beach, FL 33426  TITLE  TD  Gary Smith  STREET ADDRESS  CITY-ST-ZIP  BOYN ton Beach, FL 33426  TITLE  TD  TO  TO  TO  TO  TO  TO  TO  TO  TO   | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN-ton Beach, FL 33426  TILLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOYN-ton Beach, FL 33426  TILLE  D  TILLE  D  THE BOYN-ton Beach, FL 33426  TILLE  D  THE BOYN-ton Beach, FL 33426  TILLE  D  TILLE  D  THE BOYN-ton Beach, FL 33426 | Ontribution.                        | Added to Fees  Department of the state of th | State   |
| Initial or Amended UBR  Trust Fund Co  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO  BOYN ton Beach, FL 33426  TITLE  TD  Gary Smith  STREET ADDRESS  CITY-ST-ZIP  BOYN ton Beach, FL 33426  TITLE  NAME  TITLE  NAME  TITLE  NAME  TO  TO  TO  TO  TO  TO  TO  TO  TO  T  | Ontribution.                        | Added to Fees  Department of the state of th | State   |
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ATTACH # 76/442/668502

RUN TIME: 2:02 PM

## SHORELINE HOMEOWNERS ASSOCIATION, INC BOARD/COMMITTEE MEMBERS REPORT AS OF 04/25/02

| NAME/ADDRESS                       | TITLE/E-MAIL | WORK/FAX | HOME/CELL      | TERM EXPIRATION |
|------------------------------------|--------------|----------|----------------|-----------------|
| CLASS: BOARD OF DIRECTORS          |              |          |                |                 |
| MICHAEL BURNS                      | DIRECTOR     |          | (561) 736-9348 | 12/31/03        |
| 46 VISTA DEL RIO                   |              |          |                |                 |
| BOYNTON BEACH , FL 33426-8808      |              |          |                |                 |
| D<br>ALLEY MCINNIS                 | DIRECTOR     |          | (561) 732-7726 |                 |
| 58 VISTA DEL RIO                   |              |          |                |                 |
| BOYNTON BEACH , FL 33436-8808      |              |          |                |                 |
| LAWRENCE LACRIOLA 63 VISTA DEL RIO | DIRECTOR     |          | (561) 734-6208 |                 |
| BOYNTON BEACH , FL 33436-8808      |              |          |                |                 |

-- End of report --