2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# 761442

Entity Name: SHORELINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2328 S CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVE
SUITE 1-C
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 59-2174483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOMINICK, KAREN
BANYAN PROPERTY MGMT SERVICES, INC.
2328 S. CONGRESS AVE., SUITE 1-C
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

HILLEY, V. DONALD PA
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: V. DONALD HILLEY 03/02/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BITZ, JAMES
Address: 93 LAS BRISAS
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD ( ) Delete
Name: AGRAMONTE, AUDRA
Address: 50 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SD ( ) Delete
Name: MEYER, KATHLEEN
Address: 39 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD ( ) Delete
Name: LEDSWORTH, DON
Address: 45 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Delete
Name: MCINNIS, ALLEY
Address: 58 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D (X) Delete
Name: LACRIOLA, LAWRENCE
Address: 63 VISTA DEL RIO
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BITZ PD 03/02/2006
Electronic Signature of Signing Officer or Director Date