## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 761442 Secretary of State

Entity Name: SHORELINE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O BANYAN PROPERTY MANAGEMENT, INC 2328 S CONGRESS AVE SUITE 1-C WEST PALM BEACH, FL 33406 **New Mailing Address: Current Mailing Address:** C/O BANYAN PROPERTY MANAGEMENT, INC 2328 S CONGRESS AVE SUITE 1-C WEST PALM BEACH, FL 33406 FEI Number: 59-2174483 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILLEY, DONALD V 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CANESTRALE, DAVID Name: Name: 82 VISTA DEL RIO Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: ( ) Delete Title: () Change () Addition R, STEAD Name: Name: Address: 45 VISTA DEL RIO Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: () Delete Title: () Change () Addition MEYER, KATHLEEN Name: Name: Address: 39 VISTA DEL RIO Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: Title: TD Title: PD (X) Change ( ) Addition ( ) Delete Name: COOK, EDWIN Name: LEDSWORTH, DON Address: 57 VISTA DEL RIO Address: 45 VISTA DEL RIO BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33426 Title: () Delete Title: (X) Change ( ) Addition BITZ, JAMES MCINNIS, ALLEY Name: Name: 93 LAS BRISAS 80 VISTA DEL RIO Address: Address: City-St-Zip: BOYNTON BEACH, FL 33426 City-St-Zip: BOYNTON BEACH, FL 33426 Title: () Delete Title: () Change () Addition DEMARZO, ROBERT Name: Name: Address: 81 VISTA DEL RIO Address: BOYNTON BEACH, FL 33426 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON LEDSWORTH PD 09/12/2009

FILED