2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2005 8:00 am **Secretary of State DOCUMENT # 761928** 03-08-2005 90188 016 ****61.25 SHORES OF FORT MYERS BEACH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 50023935 4750 ESTERO BLVD 105 SOUTHERN OAKS DRIVE FT MYERS BCH, FL 33931 SAINT CHARLES, MO 63303 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 02272005 Chg-NP CR2E037 (10/03) 4. FEI Number 36-3653018 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EZELL SANDRA J. EZELL, SANDRA J 7905 NW 136 CT Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34482 City OCALA Zin Code 34482 8. 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. I am familiar with, and accept the obligations of registered agent. 2-20-05 SIGNATURE. (NOTE: Registered Agent signalure required when renatating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be \Box Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 172 Change TITLE Delete TITLE SINCLAIR, ALLEN SINCLAIR, ALLEN NAME NAME 4750 ESTERO BLUD #103 105 SOUTHERN OAKS DRIVE STREET ADDRESS STREET ADDRESS Fr. MYERS, BEACH, FL 33931 SAINT CHARLES, MO 63303 CITY-ST-7IP CITY-ST-7IP $\overline{\mathsf{v}}$ D Change TITLE Delete ☐ Addition KEEVEN, EUGENE KEEVEN, EUGENE NAME NAME 1300 ESTERO BLVD. #1 SHERAN CT STREET ADDRESS STREET ADDRESS ST CHARLES MO 63303 CITY-ST-ZIP FT. MYERS BCH, FL CITY-ST-ZIP Delete 5 D Change TITLE TIME ■ Addition SINCLAIR, TANET NAME SINCLAIR, JANET NAME 4750 ESTERO BLVD, #103 STREET ADDRESS 105 SOUTHERN OAKS DRIVE STREET ADDRESS FT, MYERS BEACH, FL 33931 CITY-ST-ZIP SAINT CHARLES, MO 63303 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME

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12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I em 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Dimelair Janet M. Sinclair SIGNATURE: X