

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90029 002 ****61.25

DOCUMENT # 763264					
1. Entity Name THE SHORES CLUB MANAGEMENT CORPORATION, INC.					
Principal Place of Business 3815 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118			Mailing Address 3815 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2201275				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRISON, ELDON UNIT #803 3815 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name: <u>JUDITH MARTIN</u> Street Address (P.O. Box Number is Not Acceptable): <u>UNIT 1004 3815 S. ATLANTIC AV</u> City: <u>DAYTONA BEACH</u> FL <u>32118</u>		
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.					
SIGNATURE: <u>Judith Martin</u> Signature, typed or printed name of registered agent and title if applicable.			DATE: <u>1/21/05</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MYLES, BILL STREET ADDRESS 105 SHORT RD. CITY-ST-ZIP JACKSON, GA 30233	☒ Delete		TITLE PD NAME JUDITH MARTIN STREET ADDRESS 3815 S. ATLANTIC AV UNIT 1004 CITY-ST-ZIP DAYTONA BEACH, FL 32118	☒ Change ☐ Addition	
TITLE TD NAME GOSLIN, TOM STREET ADDRESS 12033 WALKER POND ROAD CITY-ST-ZIP WINTER GARDEN, FL 34787	☒ Delete		TITLE TD NAME TOM GOSLIN STREET ADDRESS 2949 BUTLER BAY DR. NORTH CITY-ST-ZIP WINTER GARDEN, FL 34786	☒ Change ☐ Addition	
TITLE SD NAME GARRISON, ELDON STREET ADDRESS UNIT 803 3815 S. ATLANTIC AVE. CITY-ST-ZIP DAYTONA BEACH, FL 32118	☒ Delete		TITLE VPO NAME ELDON GARRISON STREET ADDRESS 3815 S. ATLANTIC AV UNIT 803 CITY-ST-ZIP DAYTONA BEACH, FL 32118	☒ Change ☐ Addition	
TITLE D NAME BYRD, JULIAN STREET ADDRESS 14 PINE BRIAR CIRCLE CITY-ST-ZIP HOUSTON, TX 770561113	☒ Delete		TITLE SD NAME JULIAN BYRD STREET ADDRESS 14 PINE BRIAR CIRCLE CITY-ST-ZIP HOUSTON, TX 770561113	☒ Change ☐ Addition	
TITLE D NAME PRICE, JEFF STREET ADDRESS 111 RIVERBEND ROAD CITY-ST-ZIP RADFORD, VA 24141	☒ Delete		TITLE D NAME BILL MYLES STREET ADDRESS 105 SHORT RD. CITY-ST-ZIP JACKSON, GA 30233	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Judith Martin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>1/21/05</u> Date		

50017649

