


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764426**

1. Entity Name  
**SHORELINE VILLAS TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**23007 FRONT BEACH ROAD**      **1065 STANDING BOY CT.**  
**PANAMA CITY BEACH, FL 32413 US**      **COLUMBUS, GA 31904 US**

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-2356149**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCARBROUGH, WILLIAM**  
**23007 W HWY 98 A**  
**#5**  
**PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE IN THIS SPACE**

6. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	SCARBROUGH, WILLIAM
STREET ADDRESS	1065 STANDING BOY CT.
CITY-ST-ZIP	COLUMBUS, GA 31904
TITLE	SD
NAME	LEMAISTRE, DEBBIE
STREET ADDRESS	230 CYPRESS COVE DR
CITY-ST-ZIP	EUFULA, AL 36027
TITLE	VD
NAME	VALIMEK, KEN
STREET ADDRESS	23007 FRONTBEACH RD #1
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	D
NAME	GRIMES, DEBBIE
STREET ADDRESS	11 INDIGO PL
CITY-ST-ZIP	ENTERPRISE, AL 36330
TITLE	PD
NAME	LEMETRE, SAM
STREET ADDRESS	230 CYPRESS COVE DR
CITY-ST-ZIP	EUFULA, AL 36027
TITLE	D
NAME	HERRING, DON
STREET ADDRESS	203 BRIARWOOD DR
CITY-ST-ZIP	TROY, AL 36081

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 04/11/06-80061-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** William P. Scarbrough      **William P. Scarbrough**      3/23/06      (906)322-5857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #