
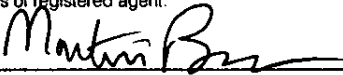
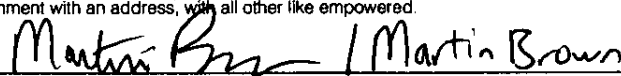


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90184 016 ****61.25

DOCUMENT # 764426			
1. Entity Name SHORELINE VILLAS TOWNHOMES ASSOCIATION, INC.			
Principal Place of Business 23007 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 US		Mailing Address 1065 STANDING BOY CT. COLUMBUS, GA 31904 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11 West Montcrest Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Birmingham, AL	
Zip		Zip 35213	
Country		Country USA	
4. FEI Number 59-2356149		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCARBROUGH, WILLIAM 23007 W HWY 98 A #5 PANAMA CITY BEACH, FL 32407		Name Brown Martin	
		Street Address (P.O. Box Number is Not Acceptable) 23007 W Hwy 98	
		# 11	
		City Panama City Beach FL Zip Code 32407	
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 		DATE 4/15/07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	TD SCARBROUGH, WILLIAM 1065 STANDING BOY CT. COLUMBUS, GA 31904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brown, Martin 11 West Montcrest Drive Birmingham, AL 35213 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMAISTRE, DEBBIE 230 CYPRESS COVE DR EUFULA, AL 36027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALIMEK, KEN 23007 FRONTBEACH RD #1 PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, DEBBIE 11 INDIGO PL ENTERPRISE, AL 36330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMETRE, SAM 230 CYPRESS COVE DR EUFULA, AL 36027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, DON 203 BRIARWOOD DR TROY, AL 36081 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 4/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 205-254-6825	