


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**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  
11 WEST MENTCREST DRIVE  
BIRMINGHAM, AL 35213 US

**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2356149	Applied For Not Applicab
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, MARTIN  
23007 W HWY 98  
#11  
PANAMA CITY BEACH, FL 32407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, MARTIN 11 WEST MANTCREST DRIVE BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMAISTRE, DEBBIE 230 CYPRESS COVE DR EUFAULA, AL 36027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALIMEK, KEN 23007 FRONTBEACH RD #1 PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, DEBBIE 11 INDIGO PL ENTERPRISE, AL 36330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMETRE, SAM 230 CYPRESS COVE DR EUFAULA, AL 36027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRING, DON 203 BRIARWOOD DR TROY, AL 36081

U00000804914  
02/05/08-80088-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

*Martin P B* *Shoreline Villas* *1121108* *208-607-4047*