

1-28-98 B-0464 -C
FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811627 (9)

1. Corporation Name

THE SHORELAND, INC.



Principal Place of Business 1202 A-1-A HWY. 1203 Hillsboro Mile HILLSBORO BEACH FL 33062	Mailing Address Same 1202 A-1-A HWY. HILLSBORO BEACH FL 33062
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3. Date Incorporated or Qualified

02/14/1957

4. FEI Number

59-0783981

Applied For

Not Applicable

2. Principal Place of Business 21 1203 Hillsboro Mile Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

23 City & State Hillsboro Bch FL	27 City & State /
24 Zip 33062	25 Country Bulgaria
29 Zip /	30 Country /

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOUKOULIS, ANGELO
1203 HILLSBORO MILE
C/O SHORELAND
HILLSBORO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLL, CARL	1.2 NAME	
STREET ADDRESS	1202 A-1-A HWY. 1203 Hillsboro Mile	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIRILLO, GEORGE	2.2 NAME	
STREET ADDRESS	1202 A-1-A HWY. 1203	2.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUKOULIS, ANGELO	3.2 NAME	
STREET ADDRESS	1202 A-1-A HWY. 1203	3.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURVAY, MARION	4.2 NAME	
STREET ADDRESS	1202 A-1-A 1203	4.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, GEORGE	5.2 NAME	
STREET ADDRESS	1202 A-1-A 1203	5.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)