

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90073 003 ****61.25

DOCUMENT # 811627



1. Entity Name
THE SHORELAND, INC.

Principal Place of Business
**1203 HILLSBORO MILE
HILLSBORO BEACH, FL 33062 US**

Mailing Address
**1203 HILLSBORO MILE
HILLSBORO BEACH, FL 33062 US**

50008698



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0783981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOCK, JOHN
1202 HILLSBORO MILE
HILLSBORO BEACH
POMPAHO BEACH, FL 33062**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE P ☐ Delete
NAME BLOCK, JOHN
STREET ADDRESS 1202 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH, FL

TITLE VP ☐ Delete
NAME KOUKOULIS, ANGELO
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH, FL

TITLE T ☐ Delete
NAME BAUER, JOHN
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH, FL

TITLE D ☐ Delete
NAME WINTERS, LINDA
STREET ADDRESS 1203 HILLSBORO MILE
CITY-ST-ZIP HILLSBORO BEACH, FL

TITLE S ☐ Delete
NAME INFANTE, BETTY
STREET ADDRESS 1203 HILLSBORO
CITY-ST-ZIP HILLSBORO BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/05 954-42-2233