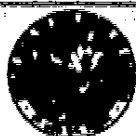


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N00012 (7)

1. Corporation Name

THE SHORES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1105 12TH STREET  
VERO BEACH FL 32980

1105 12TH STREET  
VERO BEACH FL 32980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2344673

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DISTL, DOUG  
ELLIOTT MANAGEMENT SYSTEMS  
1105 12TH STREET  
VERO BEACH FL 32980

81 Name

Richard Elliott

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

Elliott Merrill Community Management

83

1105 12th Street

84 City

Vero Beach

FL

85 Zip Code  
32960

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Richard D. Elliott

Richard D. Elliott, Pres.

3-29-95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                  |
|-----------------|------------------|
| TITLE           | VP               |
| NAME            | DALY, JOHN       |
| STREET ADDRESS  | 885 BEACH ROAD   |
| CITY - ST - ZIP | VERO BEACH FL    |
| TITLE           | SD               |
| NAME            | PATTON, MARY ANN |
| STREET ADDRESS  | 340 SHORES DR    |
| CITY - ST - ZIP | VERO BEACH FL    |
| TITLE           | TD               |
| NAME            | LEONE, GERALD    |
| STREET ADDRESS  | P O BOX 8153 NA  |
| CITY - ST - ZIP | VERO BEACH FL    |
| TITLE           | D                |
| NAME            | VOGEL, RICHARD   |
| STREET ADDRESS  | 2950 43RD AVE    |
| CITY - ST - ZIP | VERO BCH FL      |
| TITLE           | DP               |
| NAME            | HANENBURG DONALD |
| STREET ADDRESS  | 511 SHORES DRIVE |
| CITY - ST - ZIP | VERO BEACH FL    |
| TITLE           |                  |
| NAME            |                  |
| STREET ADDRESS  |                  |
| CITY - ST - ZIP |                  |

|                     |                      |                                                                              |
|---------------------|----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | TD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                      |                                                                              |
| 1.3 STREET ADDRESS  | 130 Estuary Circle   |                                                                              |
| 1.4 CITY - ST - ZIP | VERO BEACH, FL 32963 |                                                                              |
| 2.1 TITLE           | VD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                      |                                                                              |
| 2.3 STREET ADDRESS  |                      |                                                                              |
| 2.4 CITY - ST - ZIP |                      |                                                                              |
| 3.1 TITLE           | PD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                      |                                                                              |
| 3.3 STREET ADDRESS  |                      |                                                                              |
| 3.4 CITY - ST - ZIP |                      |                                                                              |
| 4.1 TITLE           | SD                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                      |                                                                              |
| 4.3 STREET ADDRESS  |                      |                                                                              |
| 4.4 CITY - ST - ZIP |                      |                                                                              |
| 5.1 TITLE           |                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            | John. Ruggiero       |                                                                              |
| 5.3 STREET ADDRESS  | 110 Estuary Circle   |                                                                              |
| 5.4 CITY - ST - ZIP | VERO BEACH FL 32963  |                                                                              |
| 6.1 TITLE           |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                      |                                                                              |
| 6.3 STREET ADDRESS  |                      |                                                                              |
| 6.4 CITY - ST - ZIP |                      |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 Title of Registered Agent or Director

Date

Signature of Secretary

4-1-95

407-564-9553