2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # N00012 1. Entity Name THE SHORES PROPERTY OWNERS ASSOCIATION, INC. 04-19-2000 90040 005 ****61.25 Principal Place of Business Mailing Address 1105 12TH STREET 1105 12TH STREET VERO BEACH FL 32960-3718 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2344673 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required - 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MERRILL, KAREN L **ELLIOTT MERRILL COMMUNITY MANAGEMENT** 1105-12TH STREET Zip Code City VERO BEACH FL 32960 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition Delete TITLE TITLE NAME David Schwertzer NAME LEWISY, GEORGE W STREET ADDRESS 530 NO MONTEREY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 🗖 Delete Addition TITLE ٧D Change TITLE O'CONNOR, PENELOPE NAME STREET ADDRESS STREET ADDRESS 121 SHORES DRIVE CITY-ST-ZIP ~ CITY-ST-ZIF VERO BEACH FL TD Delete Change ☐ Addition TITLE TITLE BREYMAN, MARLEN S NAME Willam Leone STREET ADDRESS 151 Islana STREET ADDRESS 551 SHORES DRIVE CITY-ST-ZIP CITY-ST-ZIP vero beach fl Change Addition TITLE Delete TITLE NAME CHADWELL, RICHARD NAME STREET ADDRESS STREET ADDRESS **511 SHORES DRIVE** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition TITLE 🖳 Delete TITLE Change **NEWELL, MICHAEL** NAME Georal NAME STREET ADDRESS STREET ADDRESS **301 SHORES DRIVE** CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 | Davising Phone #