2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2007 8:00 am Secretary of State **DOCUMENT # N04000006870** 04-18-2007 90154 002 ****61.25 THE SHORES AT GULF HARBOUR IV CONDOMINIUM ASSOCIATION, INC. 40000220 Principal Place of Business Mailing Address 3185 HORSESHOE DR. SOUTH 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104 NAPLES, FL 34104 04052007 No Cha-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2691750 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REINDERS, JAMES M DO NOT WRITE 3185 HORSESHOE DR. SOUTH NAPLES, FL 34104 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE PD NAME REINDERS, JAMES M STREET ADDRESS 3185 HORSESHOE DR. SOUTH CITY-ST-ZIP NAPLES, FL 34104 TITLE VD NAME TAYLOR, MARK S STREET ADDRESS 3185 HORSESHOE DR. SOUTH CITY-ST-ZIP NAPLES, FL 34104 TITLE NAME BLOOM, KEN

DO NOT WRITE IN THIS SPACE-

FILED

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 trystee 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3185 HORSESHOE DR. SOUTH

NAPLES, FL 34104