

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002816

FILED
Jan 24, 2009
Secretary of State

Entity Name: SHORE DRIVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

75 S SHORE DR
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

C/O LMM
PO BOX 330971
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 20-3187946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBS, JENNIFER
Address: 75 S SHORE DR, 6B
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D () Delete
Name: PACHECO, SANDRA
Address: 75 S SHORE DR, 3A
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D () Delete
Name: SEGURA, CARLOS
Address: 75 S SHORE DR, 4B
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: D () Delete
Name: DELGADO, JAIME
Address: 9119 SW 150TH AVENUE
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LA QUINTANA, RUBEN
Address: 75 S SHORE DR, 6A
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M. ONDRUSKA

MGR

01/24/2009

Electronic Signature of Signing Officer or Director

_____ Date