2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

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DOCUMENT # N05000008422 1. Entity Name THE SHORES CONDOMINIUM NO. 2 ASSOCIATION, INC.								03-12-200		041 ****	70.00
730 NW 107TH AVENUE 4TH FLOOR		Mailing Address 730 NW 107TH AVENUE 4TH FLOOR MIAMI, FL 33172							IIN giv iy iiviy ara		
13055 30 42 55		3. Mailing Address	13055 500 42 55								
Suite, Apt. #, etc. Suit 203		Suite, Apt. #, etc.				01092007	Chg-NP	CR2E0	37 (12/06)		
City & State M.Comic		City & State Come			4. FEI Number 20-332				oplied For ot Applicable		
Zip FL		Country 33175	Ž.,		untry 517:5		5. Certificate	of Status Desired	#	\$8.75 Add	
	6. Name	and Address of Current R	legistered Agent		1		7. Name and	Address of New	Registered.	Agent	
JEFFREY	R. MARGO	OLIS, P.A.			Name				-	-	
	TH BISCAY	S LLP 'NE BLVD., SUITE 34	.00		Street A	ddress (I	P.O. Box Numbe	er is Not Acceptat	ole)		
MIAMI, FL	33131				City					Zip Cod	10
The above named entity submits this statement for the purpose of changing its registere					1				FL	. '	ı
The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing	its register	ed office o	r register	ed agent, or bot	h, in the State of I	Florida. I am	familiar with,	and accept
SIGNATURE .											
SIGNATURE .	Signature, typed										
		or printed name of registered agent ar	of title if applicable. (NOTE: Registere	ed Agent signat	ura required	when reinstating)		DATE		
		e is \$61.25 lay 1, 2007	9. Election Trust Fu				\$5.00 May B Added to Fees	Fie	Make chec orida Depar	tment of S	tate
10.	Due by M	e is \$61.25	9. Election Trust Ful	Campaign Find Contribut	Financin g tion.		\$5.00 May B Added to Fees		Make chec orida Depar	tment of S	tate
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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 flustee 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 artachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Doubles Bhass 6