2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

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DOCUMENT # N15067 1. Entity Name THE SHORES CONDOMINIUM ASSOCIATION, INC.									05-04-200	6 90241 00	07 ****6	1.25
Principal Place of Business 2401 GULF SHORE BLVD. NORTH NAPLES, FL 34103			2401	Mailing Address 2401 GULF SHORE BLVD. NORTH NAPLES, FL 34103								
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04102006	Chg-NP	CR2E03	7 (11/05)		
City & State			City & State			•		4. FEI Numbe 59-268				oplied For
Zip		Country	Zip		Cou	Country		5. Certificate	of Status Desired		8.75 Add	ditional
	6. Name a	nd Address of Current	Registere	d Agent				7. Name and	Address of New	Registered A	gent	
CUBCES	DIANA	;				Name						
GURGES, DIANA 3400 TAMIAMI TRAIL N SUITE 202						Street Address (P.O. Box Number is Not Acceptable)						
NAPLES, I	FL 34103											
						City				FL	Zip Code	ө
	tions of register					ed office or r	register	ed agent, or both	h, in the State of f	Florida. I am fa	amiliar with,	and accept
	Stgnature, typed or	printed name of registered agent	and title if ann									
			and day in app	MICADIE. (NOTE	: Registere	d Agent signature	re required	when reinstating)		DATE		
				9. Election Carr Trust Fund C	npaign F	inancing	re required	\$5.00 May Be Added to Fees	• 1	Make check orida Departi		
10.				9. Election Can	npaign F	inancing		\$5.00 May Bo Added to Fees	Flo	Make check orida Depart	ment of St	tate
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD SCOTT, WI	OFFICERS AND DIF	RECTORS	9. Election Can	11. TITU	inancing ion.	Box 24	\$5.00 May Be Added to Fees ADDITIONS/CHA	Thomas Ponore 71.3	Make check orida Depart ERS AND DIR Blval ;	ECTORS IN	tate 110 Addition
TITLE NAME STREET ADDRESS	PD SCOTT, WI 2401 GULF NAPLES, F VD BARTLETT 2401 GULF NAPLES, F	OFFICERS AND DIF LLIAM SHORE BLVD.N. # L 34103 , REED SHORE BLVD.N. #	FECTORS	9. Election Carr Trust Fund C	11. TITU NAM STRE CITY TITU NAM STRE	inancing on. [Bon 24 7	\$5.00 May Be Added to Fees ADDITIONS/CHA VNESS, 9 01 GUI 1 Ces, MB MY M	NGES TO OFFICE	Make check orida Departu ERS AND DIR BIVAL 14 14 103	ECTORS IN	tate 110 Addition
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12. I hereby certify that the information supplied with this filling 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 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.

CITY-ST-ZIP

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CITY-ST-ZIP

CAMPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

239 261 3889

Daytime Phone #