

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90192 046 \*\*\*\*61.25

**DOCUMENT # N15067**

1. Entity Name

THE SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2401 GULF SHORE BLVD. NORTH  
NAPLES FL 34103

Mailing Address

2401 GULF SHORE BLVD. NORTH  
NAPLES FL 34103

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2681993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAFFNEY, KEVIN P  
3400 TAMiami TrL N  
STE 302  
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
KRUSE, KATHERINE M  
2401 GULF SHORE BLVD N. #23  
NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CABAY, MICHAEL  
2401 GULF SHORE BLVD NORTH SUITE 61  
NAPLES FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
CABAY, MICHAEL A  
2401 GULF SHORE BLVD N. #61  
NAPLES FL 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WESTENBERG, ROBERT J  
2401 GULF SHORE BLVD N. #41  
NAPLES FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
QUARANTA JR, PHILIP  
2401 GULF SHORE BLVD N. #42  
NAPLES FL 34103 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
WESTENBERG, ROBERT J  
2401 GULF SHORE BLVD N. #42  
NAPLES FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
WESTENBERG, ROBERT J  
2401 GULF SHORE BLVD N. #41  
NAPLES FL 34103 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
BONNESS, THOMAS P  
2401 GULF SHORE BLVD N. #14  
NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*T. Bonness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/08* (239)  
Date Daytime Phone #