

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23774

FILED
Apr 02, 2010
Secretary of State

Entity Name: SHORELINE TERRACES IV ASSOCIATION, INC.

Current Principal Place of Business:

C/O HOLMES BEACH PROPERTY MGMT.
901-936 SANDPIPER CIRCLE
BRADENTON, FL 34209 US

New Principal Place of Business:

Current Mailing Address:

C/O HOLMES BEACH PROPERTY MGMT.
P.O. BOX 1607
HOLMES BEACH, FL 34218 US

New Mailing Address:

FEI Number: 65-0068675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDON, TOM
6400 MANATEE AVE. W.
SUITE G
BRADENTON, FL 34209 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: D
Name: FITZGERALD, OTIS
Address: 907 SANDPIPER CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: ST
Name: SMITH, GEORGE
Address: 929 SANDPIPER CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: VP
Name: AUGSBURGER, BOB
Address: 8726 CRESTFIELD CT
City-St-Zip: FORT WAYNE, IN 46835

Title: D
Name: GARY, GERALD
Address: 6125 ARDMORE PARK STREET
City-St-Zip: DEARBORN HEIGHTS, MI 48127

Title: P
Name: BRINER, FRANK
Address: 906 SANDPIPER CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: M
Name: CONDRON, TOM
Address: 6400 MANATEE AVENUE WEST SUITE G
City-St-Zip: BRADENTON, FL 34209

I hereby 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 all other like empowered.

SIGNATURE: TOM CONDRON

M

04/02/2010

Electronic Signature of Signing Officer or Director

_____ Date