


FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N27636

1. Entity Name

SHORES PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

294 WILLOUGHBY DR EXT
NAPLES FL 34110

294 WILLOUGHBY DR EXT
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0091613

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUPIANO, CATHERINE
294 WILLOUGHBY DR EXT
NAPLES FL 34110

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 title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

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\$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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIANO, JOSEPH SR.		NAME		
STREET ADDRESS	294 WILLOUGHBY DR EXT		STREET ADDRESS		
CITY- ST- ZIP	NAPLES FL 34110		CITY- ST- ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIANO, CATHERINE		NAME		
STREET ADDRESS	294 WILLOUGHBY DRIVE EXT		STREET ADDRESS		
CITY- ST- ZIP	NAPLES FL 34110		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUPIANO, CATHERINE		NAME		
STREET ADDRESS	294 WILLOUGHBY DRIVE EXT		STREET ADDRESS		
CITY- ST- ZIP	NAPLES FL 34110		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMACKS, JUDY		NAME		
STREET ADDRESS	1770 SANCTUARY RD		STREET ADDRESS		
CITY- ST- ZIP	NAPLES FL 34120		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Catherine Trupiano

Jan 26, 2005

(239)566-2563