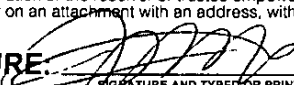


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90069 010 ****61.25

DOCUMENT # N97000004094 1. Entity Name PALM BEACH SHORES RESORT AND VACATION VILLAS ASSOCIATION, INC.					
Principal Place of Business 181 OCEAN DR. PALM BEACH SHORES, FL 33404			Mailing Address C/O DAILY MGMT. INC 16461 RACQUET CLUB RD. FORT LAUDERDALE, FL 33326		
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 36-4242970	
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		
BLODIG, GREGORY J ESQ. 100 W. CYPRESS CREEK RD. SUITE 700 FORT LAUDERDALE, FL 33309			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					
Filing Fee is \$61.25 Due by May 1, 2006		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	DST GREENSPOON, GERALD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	100 W CYPRESS CREEK ROAD #700		NAME		
STREET ADDRESS	FORT LAUDERDALE, FL 33309		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	NINI, GENE DR		NAME		
STREET ADDRESS	PO BOX 1114		STREET ADDRESS		
CITY-ST-ZIP	RUIDOSO, NM 88355		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LERNER, STEPHEN M		NAME		
STREET ADDRESS	1016 LAKE BREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	DST Janice Feirstein	
STREET ADDRESS			STREET ADDRESS	16461 Racquet Club Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Weston, FL 33326	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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.					
SIGNATURE: 			Janice Feirstein, Sec Hkca 5/1/06 904 3858599		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		