2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # N99000003624 RN SHORES HOMEOWNERS A		0:	1-11-2008 90	0058 047 ****7	0.00		
4787 S. ATLANTIC AVE. 4787		ng Address 17 S. ATLANTIC AVE. 1CE INLET, FL 32127		4000	1420			
Principal Place of Business - No P.O. Box # 3. Mai		Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Ch	g-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-211968	5		plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	□ \$8.75 Add Fee Require		
	6. Name and Address of Current Registr	ered Agent		7. Name and Addr	ess of New Reg	istered Agent		
DEAMY EDMA C			Name	Name				
REAMY, ERMA S 4787 S ATLANTIC AVE, UNIT 4 PONCE INLET, FL 32127			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
9			City	FL Zip Code		e		
8. The above	named entity submits this statement for the pu	aistered office or registe	tered agent, or both, in t	the State of Florid		and accept		
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. When or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed hame or registered agent and title it	applicable. (NO1E: R	legistered Agent signature requir	red when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees		te check payable to a Department of St		
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERMA S. REAMY