

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000018549

**FILED**  
**Nov 13, 2008**  
**Secretary of State**

**Entity Name:** SHORELINE TOWERS ASSOCIATION REALTY, INC.

**Current Principal Place of Business:**

900 GULF SHORE DR  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5250  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 59-3626557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, RAYMOND F JR  
BECKER & POLIAKOFF, P.A.  
348 MIRACLE STRIP PKWY, STE. 7  
FORT WALTON BEACH, FL 32548 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: PD ( ) Delete  
Name: DILLON, SHARON  
Address: 626 SEA VIEW DR.  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: HARRIS, RONALD S  
Address: 48 PEACOCK ACRES  
City-St-Zip: BUTLER, GA 31006

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VICKERS, WILLIAM D  
Address: P. O. BOX 5050  
City-St-Zip: DESTIN, FL 32540

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: FREEMAN, NORMA E  
Address: 900 GULF SHORE DRIVE, UNIT 3112  
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. VICKERS

PD

11/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date