2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000018549

Title:

Name:

Address:

City-St-Zip:

FILED Jun 24, 2009 Secretary of State

Entity Name: SHORELINE TOWERS ASSOCIATION REALTY, INC. **Current Principal Place of Business: New Principal Place of Business:** 900 GULF SHORE DR DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** P.O. BOX 5250 DESTIN, FL 32540 FEI Number: 59-3626557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWMAN, RAYMOND F JR BECKER & POLIAKOFF, P.A. 348 MIRACLE STRIP PKWY, STE. 7 FORT WALTON BEACH, FL 32548 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VICKERS, WILLIAM D Name: Name: P. O. BOX 5050 Address: Address: City-St-Zip: DESTIN, FL 32540 City-St-Zip: Title: SD Title: () Delete () Change () Addition HARRIS, RONALD S Name: Name: 48 PEACOCK ACRES Address: Address: BUTLER, GA 31006 City-St-Zip: City-St-Zip: () Delete Title: Title: VD () Change () Addition FREEMAN, NORMA E Name: Name: 900 GULF SHORE DRIVE, UNIT 3112 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change (X) Addition KOCHERA, JOHN Name: Name: Address: Address: 4161 LOIRE DRIVE City-St-Zip: City-St-Zip: KENNER, LA 70065

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.

Title:

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: WILLIAMS D. VICKERS 06/24/2009

() Delete

() Change (X) Addition

GINGER, WILLIAM

BEAUMONT, TX 77706

6220 SHERIDAN OAKS DRIVE