2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051615

FILED Apr 07, 2009 Secretary of State

Entity Nan	ne: SHOREWOOD	REALTY & INVESTMENT	Г CORP.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
STE 600	H FLAGLER DRIVE	11 US					
	.M BEACH, FL 3340 ailing Address:	05	New Mailir	na Addross	••		
625 NORTI STE 600	H FLAGLER DRIVE .M BEACH, FL 3340	11 US	New Main	ig Address	•		
FEI Number:	65-0423267 FEI N	Number Applied For()	FEI Number Not Appl	cable ()	Certificate of Status Desi	red()	
Name and	Address of Current	t Registered Agent:	Name and	Name and Address of New Registered Agent:			
625 NORTI STE 600 WEST PAL	N, MICHAEL H FLAGLER DRIVE .M BEACH, FL 3340		urnose of changing if	s registered	d office or registered agen	t or both	
in the State		s this statement for the po	inpose of changing in	s registered	a office of registered agen	t, or both,	
SIGNATUR		- the state of Decision of Asses			Data		
Election Com	9	nature of Registered Ager	ıt		Date		
	npaign Financing Trust	.,					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DV () Delete SHAPIRO, STEPHEN J 625 N. FLAGLER DR., S W. PALM BEACH, FL	STE. 600	Title: Name: Address: City-St-Zip:	BERNSTEIN 625 N. FLAG	(X) Change()Addition , MICHAEL BLER DR., STE. 600 EACH, FL 33401		
Title: Name: Address: City-St-Zip:	DP () Delete BERNSTEIN, MICHAEL 625 N. FLAGLER DR., S W. PALM BEACH, FL 3	STE. 600	Title: Name: Address: City-St-Zip:	HUNTER, MA 625 N. FLAG	(X) Change () Addition ARGARET SLER DR., STE. 600 ACH, FL 33401		

Title: TS (X) Delete Title: () Change () Addition SESCO, CAROLYN S Name: Name:

625 N. FLAGLER DR., STE. 600 Address: Address: W. PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

(X) Delete

625 N. FLAGLER DR., STE. 600

W. PALM BEACH, FL 33401

HUNTER, MARGARET

Title:

Name:

Address: City-St-Zip: AS

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:

SIGNATURE: MICHAEL BERNSTEIN Ρ 04/07/2009

() Change () Addition