## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000072022

1. Corporation Name

SHORES MANAGEMENT OF VOLUSIA COUNTY, INC.

Principal Place of Business Mailing Address						i iffiter ita (ala) fatti abiti batit batit batit lagis ligis batit batit batit
2209 S. ATLANT	TC AVE	2209 S. ATLANTIC AVE	2209 S. ATLANTIC AVE			
	CH SHORES FL 32118		DAYTONA BEACH SHORES FL 32118			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						08/13/1998
2 Principal Pl	ace of Business	2a. Mailing Address	2a Mailing Address			4. FEI Number Applied For
	ace of business	<u> </u>	26			59-353 4301 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional
22	,, 0.0.	<del> </del>	27			5. Certifcate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Zip			Cou	intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. X Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		L.,		10. Name and Address of New Registered Agent
				81	Name	
WALKER, JEFFREY R				82	Street A	Address (P.O. Box Number is Not Acceptable)
2209 S. ATLANTIC AVE						
DAYI	Tona Beach Shores FL 321	18		83		
				84	City	85 Zip Code
						FL   S   E   S
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE		•				
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NO	TE. Registered	1 Agent	signature re	equired when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE		1.1 TITLE		Change Addition
NAME	WALKER, JEFFREY R		1.2 NAME			
STREET ADDRESS	(		1.3 S	1.3 STREET ADDRESS		
CITY-ST-ZIP	DATE OF THE CONTROLLED IN COLUMN		1.4 C	ITY-ST	-ZIP	TAURA
TITLE	D	☐ DELETE	2.1 TI	πLE		[★Change
NAME	HOAK, WILLIAM P		2.2 N	AME		111
STREET ADDRESS	50-OCEAN WAY	O-OCEAN WAY		TREET	ADDRESS	PONCE INLET, FL 3212)
CITY-ST-ZIP	PONCE INLET FL 32127			ITY-ST	r-ZIP	PONCE INLEY, FU 342)
TITLE	D	☐ DELETE	3.1 TI	ITLE		☐ Change ☐ Addition
NAME	NORRIS, SHARON		3 2 N	AME		
STREET ADDRESS	424 BROWN PELICAN DRIVE		3.3 S	TREET.	ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119		3.4. C	ITY-ST	r-ZIP	
TITLE		☐ DELETE	4,1 TI	MLE		☐ Change ☐ Addition
NAME			4. 2 N	IAME	1	
STREET ADDRESS			4.3 S	TREET.	ADDRESS	
CITY+ST-ZIP			4.4 C	ITY-ST	- ZIP	
TITLE		☐ DELETE	5.1 ΤΙ	ΠLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-ST	- ZIP	
TITLE		☐ DELETE	6.1 रा	ITLE		Change Addition
NAME			6.2 N	AME		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: \( \)

STREET ADDRESS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90213 049 \*\*\*150.00