

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727647

Entity Name: SHORELINE TOWERS PHASE I CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 24, 2023
Secretary of State
9992685620CC**Current Principal Place of Business:**900 GULF SHORE DR.
DESTIN, FL 32541**Current Mailing Address:**P.O. BOX 414
DESTIN, FL 32540 US**FEI Number: 59-1647251****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BECKER
348 MIRACLE STRIP PKWY SW
SUITE 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: JAY ROBERTS****01/24/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	DANIELS, GERALD
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	VP
Name	DORNAN, WALTER
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	SECRETARY
Name	CHOUINARD, MATTHEW
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	DIRECTOR
Name	GILMORE, BLAKE
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	DIRECTOR
Name	VICKERS, JOHN J.
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	TREASURER
Name	BROOKS, CRAIG
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

Title	DIRECTOR
Name	WACHSMAN, LOUISE
Address	P.O. BOX 414
City-State-Zip:	DESTIN FL 32540

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GERALD DANIELS**PRESIDENT****01/24/2023**

Electronic Signature of Signing Officer/Director Detail

Date