

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742239

**Entity Name:** THE SHORE PLACE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC3095328505**

**Current Principal Place of Business:**

106 LINDA LANE  
#2  
PALM BEACH SHORES, FL 33404

**Current Mailing Address:**

106 LINDA LANE  
#2  
PALM BEACH SHORES, FL 33404

**FEI Number: 59-2764638**

**Certificate of Status Desired: No**

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

LEWIS, CHARLENE  
106 LINDA LANE  
#2  
PALM BEACH SHORES, FL 33404 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

**Officer/Director Detail :**

Title TD  
Name COWLING, VINCENT F.  
Address 106 LINDA LANE #2  
City-State-Zip: PALM BCH. SHRS. FL 33404

Title PDS  
Name LEWIS, CHARLENE  
Address 106 LINDA LN # 2  
City-State-Zip: PALM BEACH SHORES FL 33404

Title D  
Name CAHILL, BARBARA  
Address 106 LINDA LANE #3  
City-State-Zip: PALM BEACH SHORES FL 33404

Title D  
Name MCCARTHY, ELENA  
Address 106 LINDA LANE #4  
City-State-Zip: PALM BEACH SHORES FL 33404

Title D  
Name KEHOE, COLLEEN D  
Address 106 LINDA LN # 1  
City-State-Zip: PALM BEACH SHORES FL 33404

*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: CHARLENE LEWIS**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date