

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761442

Entity Name: SHORELINE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463

Current Mailing Address:

C/O GRS MANAGEMENT ASSOCIATES INC
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH , FL 33463 US

FEI Number: 59-2174483**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

WORTMAN, SCOTT
SJW LAW GROUP, PLLC
12300 SOUTH SHORE BLVD 202
WELLINGTON, FL 33414 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: WORTMAN, SCOTT

05/05/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, LEE
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title SECRETARY, TREASURER
Name DEMARZO, TERESA
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name DEMARZO, ROBERT
Address C/O GRS MANAGEMENT
 ASSOCIATES, INC
 3900 WOODLAKE BLVD. 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name RICE, SUZANNE
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D, DIRECTOR
Name PARKER, PHILLIP
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name DION, WILLIAM
Address C/O GRS MANAGEMENT ASSOCIATES
 INC
 3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name RICHARDS, CATHIE
Address C/O GRS MANAGEMENT
 ASSOCIATES, INC.
 3900 WOODLAKE BLVD. 309
City-State-Zip: LAKE WORTH FL 33463

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: LEE SMITH

PRESIDENT

05/05/2020

