2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N01232

1. Entity Name ZEPHYR SHORES PROPERTY OWNERS ASSOCIATION, INC.



FILED Mar 01, 2007 8:00 am

Secretary of State

03-01-2007 90015 024 ****61.25

IIVC.				/			
Principal Place of Business 35112 ADA AVENUE ZEPHYRHILLS, FL 33541-2101		Mailing Address 35112 ADA AVENUE ZEPHYRHILLS, FL 33541-2101		40026853			
2 Principal P	Mace of Business - No P.O. Boy #	3. Mailing Address					
2. Principal Place of Business - No P.O. Box #		3. Maining Address		1 18511151 811 88181 1		BEY BYBU BYBIY BIBIY BYBI	HE ST 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192007 Ch	ng-NP CR2	2E037 (12/06)	
City & State		City & State		4. FEI Number 59-265088	6	}	plied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KENAGY, JAMES O JR			Name				
KENAGY, JAMES O JR 34924 ADAM AVE ZEPHYRHILLS, FL 33541		E	Street Address		Not Acceptable)		
	SE	EX					
			City			FL Zip Code)
The above named entity submits this statement for the purpose of changing its registered				stered agent, or both, in	the State of Florida. I	am familiar with,	and accept
the obligat	tions of registered agent.						
CICKIATURE							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Agent signature requ	uired when reinstating)	DA	ATE	
SIGNATURE		and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make c	heck payable to	
SIGNATURE	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees	Make ci Florida De	heck payable to epartment of St	ate 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ZEPHYRHILLS, FL 33541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

<u>813-788-5055</u>

33541