2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90015 024 ****61.25

DOCUMENT # N01232

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

40026853

Principal Place of Business	Mailing Address
35112 ADA AVENUE ZEPHYRHILLS, FL 33541-2101	35112 ADA AVENUE ZEPHYRHILLS, FL 33541-2101

02192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2650886 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENAGY, JAMES O JR 34924 ADAM AVE ZEPHYRHILLS, FL 33541 CHANGE SEE X	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENAGY, JIM 34924 ADAM AVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X PRESIDENT BOB ELLIS 4600 CLARICE AVE ZEPHYRHILLS FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELLIS, BOB 9600 CLARICE AVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOB ROSCOE 4621 NEWCOMB AV ZEPHYRHILLS FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP ROSCOE, BOB 4621 NEWCOMB AV ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2ND VP HARRY EASTON 35142 ZEPHYR SHORES DR ZEPHYRHILLS FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RUNTONS, JERRY 4635 NEWCOMB AVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY AUDREY HUTCHISON 3500 ARC AVE ZEPHYRHILLS FL 33541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUTCHINSON, AUDREY 4635 NEWCOMB AVE ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RUNIONS, JERRY 4635 NEWCOMB AVE ZEPHYRHILLS FL 33541	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDWIN, D.C. 35230 ADA ST ZEPHYRHILLS, FL 33541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AT LARGE ROBERT DAMBOISE 34925 ADAMS AVE ZEPHYRHILLS FL 33541	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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: X _____ PRESIDENT 2/22/07 813-788-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #