FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06008 (9)

1. Corporation Name
SHORELANDS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2920 CARDINAL DRIVE P.O. BOX 3247 VERO BEACH FL 32964	P. O. BOX 3914 VERO BEACH FL 32964 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2533808 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

EVANS, RALPH L.
2920 CARDINAL DRIVE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PLATTO, PAUL	12 NAME	
STREET ADDRESS	1536 SHORELANDS DR E	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	32963
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MORGAN, RALPH	22 NAME	
STREET ADDRESS	1540 SHORELANDS DR E	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	24 CITY-ST-ZIP	32963
TITLE	SD	31 TITLE D	☒ Change ☐ Addition
NAME	WHITE, JEAN	32 NAME	DIRECTOR WALKER, VIRGINA
STREET ADDRESS	1541 SHORELANDS DR E	33 STREET ADDRESS	SHORELANDS DR E
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	ATO	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, CANDANCE	42 NAME	
STREET ADDRESS	SHORELANDS DR E	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	32963
TITLE	TD	51 TITLE	SECRETARY-TREASURER ☒ Change ☐ Addition
NAME	DACY, JOAN	52 NAME	DACY, JOAN
STREET ADDRESS	1466 SHORELANDS DR E	53 STREET ADDRESS	1466 SHORELANDS DR E
CITY ST ZIP	VERO BEACH FL	54 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, MERLE	62 NAME	
STREET ADDRESS	1535 SHORELANDS DR E	63 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	32963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOAN DACY Joan Dacy 4-28-95 407 234 1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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