FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 11/06/1984	3a. Date of Last Report: 05/01/1995
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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	PD/ Burge Kelmar	☐ Change ☒ Addition
NAME	PLATTO, PAUL		1.2 NAME		
STREET ADDRESS	1536 SHORELANDS DR E		1.3 STREET ADDRESS	1375 Shorelands Dr N	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	VERO Beach FL	
TITLE	VD	☒ DELETE	2.1 TITLE	ST/ Black, Bwight	☐ Change ☒ Addition
NAME	MORGAN, RALPH		2.2 NAME		
STREET ADDRESS	1540 SHORELANDS DR E		2.3 STREET ADDRESS	1395 Shorelands Dr N	
CITY-ST-ZIP	VERO BCH FL		2.4 CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	☒ DELETE	3.1 TITLE	D/ Thayer, Bruce	☐ Change ☒ Addition
NAME	WALKER, VIRGINA		3.2 NAME		
STREET ADDRESS	1541 SHORELANDS DR E		3.3 STREET ADDRESS	1425 Shorelands Dr W	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	VERO BEACH FL	
TITLE	ATO	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, CANDANCE		4.2 NAME		
STREET ADDRESS	SHORELANDS DR E		4.3 STREET ADDRESS	Above officers as of May 1996	
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	5.1 TITLE		~~☐ Change~~ ☐ Addition
NAME	DACY, JOAN		5.2 NAME		
STREET ADDRESS	1486 SHORELANDS DR E		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, MERLE		6.2 NAME		
STREET ADDRESS	1535 SHORELANDS DR E		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 K Dacy 4-29-96 407-234-1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #