2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06008 1. Entity Name SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.					FILED 05 SEP 30 AH 11: 05			
Principal Place of Business KEYSTONE PROPERTY MANAGEMENT GROUP INC 1717 20TH ST., SUITE #102 VERO BEACH, FL 32960 Mailing Address P 0 BOX 3741 VERO BEACH, FL 32964					TALLAHASSEE, FLORIDA			
	tace of Business 945 Avenue	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR2E	037 (10/03)		
Vero Beach, Cl		City & State		4. FEI Number 59-253380				
Zip 32960 Country A		Zip			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
MILLER, V KEYSTON 1717 20TH	6. Name and Address of Current F	niller, Will dress (PO, Box Number is 1 01-949 Purch	(PO Box Number is Not Acceptable) AND AUCULE, Swite 308					
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, hyped or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to								
Due by October 1, 2005 Trust Fund Contribu				Added to Fees	Florida Dep	artment of Si	tate	
10. */ TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIR PD BURGE, KIM 1375 SHORELANDS DRIVE NOR VERO BEACH, FL 32963 VPD MCLOUGHLIN, RICHARD	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Black, Dwi 1395 Shoreld Vero Beach.	es to officers and in git PD ands Drive N FL 32		Addition	
STREET ADORESS CITY-ST-ZIP	1365 SHORELANDS DRIVE NOR VERO BEACH, FL 32963	NAME Street Address City-St-Zip	10	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THAYER, NANCY 14256 SHORELANDS DRIVE WE VERO BEACH, FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N 2g	30	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300 10/04/0	0060202 50100800	Change 2258 5 **61.	Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZEP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-EP			☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 floods 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TO DO R PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION.								