2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# N06008

Entity Name: SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3355 OCEAN DR
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

P O BOX 3741
VERO BEACH, FL 32964 US

New Mailing Address:

FEI Number: 59-2533808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EVANS, RALPH L
3355 OCEAN DR
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EVANS, RALPH L
Address: 1420 SHORELANDS DRIVE NORTH
City-St-Zip: VERO BEACH, FL 32963

Title: VPD ( ) Delete
Name: MCLOUGHLIN, RICHARD
Address: 1365 SHORELANDS DRIVE NORTH
City-St-Zip: VERO BEACH, FL 32963

Title: ST ( ) Delete
Name: FENNEL, KATHY
Address: 1435 SHORELANDS DRIVE WEST
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EVANS, RALPH L
Address: 1420 SHORELANDS DRIVE WEST
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BLACK, DWIGHT
Address: 1395 SHORELANDS DRIVE NORTH
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Change (X) Addition
Name: THAYER, NANCY
Address: 1425 SHORELANDS DRIVE WEST
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH L. EVANS PD 03/07/2008
Electronic Signature of Signing Officer or Director Date