


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90291 046 ****61.25

DOCUMENT # N99000003113

1. Entity Name
THE VILLAGES OF NORTH REDINGTON BEACH - THE SHOALS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**139 SHOALS CIRCLE
 N. REDINGTON BEACH, FL 33708**

Mailing Address
**139 SHOALS CIRCLE
 N. REDINGTON BEACH, FL 33708**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3577771

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FROYD, MICHAEL DR.
 135 SHOALS CIRCLE
 NORTH RIDINGTON BEACH, FL 33708**

7. Name and Address of New Registered Agent

Name **CYNTHIA JACOBS**

Street Address (P.O. Box Number is Not Acceptable)
113 SHOALS CIRCLE

City **N. REDINGTON BCH FL** Zip Code **33708**

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 *Cynthia Jacobs* DATE **4/18/04**

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

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FROYD, MICHAEL 135 SHOALS CIRCLE N. REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YIMOYINES, GAYLE 105 SHOALS CIRCLE N. REDINGTON BEACH, FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POTERBIN, JILL 101 SHOALS CIRCLE N. REDINGTON BEACH, FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POTERBIN, JILL 101 SHOALS CIRCLE NORTH REDINGTON BCH, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, CYNTHIA 113 SHOALS CIRCLE N. REDINGTON BCH, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, GARY 111 SHOALS CIRCLE N. REDINGTON BCH, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, RICK 127 SHOALS CIRCLE N. REDINGTON BCH, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J Poterbin* DATE **4/18/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #