
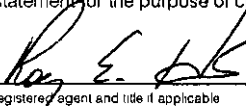
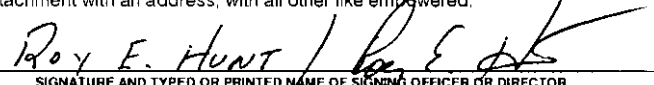


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90021 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3577771 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JACOBS, CYNTHIA 113 SHOALS CIR. N REDINGTON BEACH FL 33708 | | | | 7. Name and Address of New Registered Agent Name HUNT, ROY Street Address (P.O. Box Number is Not Acceptable) 135 SHOALS CIRCLE NORTH REDINGTON BEACH City 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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD POTERBIN, JILL 101 SHOALS CIR. NORTH REDINGTON BEACH FL 33708 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD HUNT, ROY 135 SHOALS CIRCLE NORTH REDINGTON BEACH, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD YIMOYINES, GAYLE 105 SHOALS CIRCLE N. REDINGTON BEACH FL 33708 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HARBISON, NORMAN 103 SHOALS CIRCLE NORTH REDINGTON BEACH, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JACOBS, CYNTHIA 113 SHOALS CIR. N. REDINGTON BEACH FL 33708 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KOVANDA, MARY JOAN 117 SHOALS CIRCLE NORTH REDINGTON BEACH, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, GARY 111 SHOALS CIR. N. REDINGTON BEACH FL 33708 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FUINO, MIKE 121 SHOALS CIRCLE NORTH REDINGTON BEACH, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOWNS, RICK 127 SHOALS CIR. N REDINGTON BEACH FL 33708 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addit |
| 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 changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 3/22/2005 727-319-2233 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |