


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 012 ****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	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3577771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, ROY 135 SHOALS CIRCLE N REDINGTON BEACH FL 33708		7. Name and Address of New Registered Agent	
		Name Mike Fuino	
		Street Address (P.O. Box Number is Not Acceptable) 121 Shoals Circle	
		City N Redington Beach	
		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 Michael Fuino *4-6-06*
Signature, typed or printed name of registrant **PSD** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HUNT, ROY 135 SHOALS CIRCLE NORTH REDINGTON BEACH FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bary Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 111 Shoals Circle N Redington Beach, Fl 33078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARBISON, NORMAN 103 SHOALS CIRCLE N. REDINGTON BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOVANDA, MARY J 117 SHOALS XIRCLE N. REDINGTON BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUINO, MIKE 121 SHOALS CIRCLE N. REDINGTON BEACH FL 33708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mike Fuino 121 Shoals Circle N Redington Beach, Fl 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, RICK 127 SHOALS CIR. N REDINGTON BEACH FL 33708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tom Lair 113 Shoals Circle N Redington Beach, Fl 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 115, 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: Michael Fuino *4-6-06*
Signature, typed or printed name of registrant **PSD**