

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 036 ****61.25



DOCUMENT # N99000003113
 1. Entity Name
THE VILLAGES OF NORTH REDINGTON BEACH - THE SHOALS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
139 SHOALS CIRCLE 139 SHOALS CIRCLE
N. REDINGTON BEACH FL 33708 N. REDINGTON BEACH FL 33708



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-3577771 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FUINO, MIKE
121 SHOALS CIRCLE
N REDINGTON BEACH FL 33708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, GARY	
STREET ADDRESS	111 SHOALS CIRCLE	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARBISON, NORMAN	
STREET ADDRESS	103 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KOVANDA, MARY J	
STREET ADDRESS	117 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	FUINO, MIKE	
STREET ADDRESS	121 SHOALS CIRCLE	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAIR, TOM	
STREET ADDRESS	113 SHOALS CIRCLE	
CITY-ST-ZIP	N REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Mary Kovanda*

2-10-08