

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# N99000003113

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

Current Principal Place of Business:

139 SHOALS CIRCLE
N. REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

139 SHOALS CIRCLE
N. REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: 59-3577771 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FUINO, MIKE
121 SHOALS CIRCLE
N REDINGTON BEACH, FL 33708 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: VD () Delete
Name: HARBISON, NORMAN
Address: 103 SHOALS CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

Title: TD () Delete
Name: KOVANDA, MARY J
Address: 117 SHOALS XIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

Title: PSD () Delete
Name: FUINO, MIKE
Address: 121 SHOALS CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

Title: D () Delete
Name: LAIR, TOM
Address: 113 SHOALS CIRCLE
City-St-Zip: N REDINGTON BEACH, FL 33708

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: POTERBIN, JILLIAN
Address: 101 SHOALS CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

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

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

Title: D () Change (X) Addition
Name: BENNETTS, MICHAEL
Address: 109 SHOALS CIRCLE
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

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: JILLIAN POTERBIN

TD

02/03/2009

Electronic Signature of Signing Officer or Director

Date