

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

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 020 ****61.25

DOCUMENT # 706081

1. Entity Name

FLORIDA SHORES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

2932 LIME TREE DRIVE
EDGEWATER FL 32132
US

Mailing Address

P.O. BOX 165
EDGEWATER FL 32132
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6150578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TILISON, ARLENE
2705 SABAL PALM DR
EDGEWATER FL 32141

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME DEFFEBAUGH, BETTY
STREET ADDRESS 2830 WILLOW OAK DRIVE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE S ☒ Delete
NAME NEWCOMB, CONNIE
STREET ADDRESS 2314 YULE TREE DR.
CITY-ST-ZIP EDGEWATER FL 32141

TITLE TR ☐ Delete
NAME TILISON, ARLENE J
STREET ADDRESS P.O. BOX 475 (2705 SABAL-PALM DR)
CITY-ST-ZIP EDGEWATER FL 32132

TITLE T ☐ Delete
NAME BOLLWAGE, FRANK
STREET ADDRESS 2217 YULE TREE DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE T ☐ Delete
NAME BERNARDO, DI
STREET ADDRESS 2517 TRAVELERS PALM DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE T ☐ Delete
NAME STOUT, LILLIAM
STREET ADDRESS 132 CHARLES STREET
CITY-ST-ZIP EDGEWATER FL 32141

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition
NAME Merrill V. Tilison Jr
STREET ADDRESS Po Box 475 (2705 Sabal Palm Dr)
CITY-ST-ZIP Edgewater, Fl. 32132

TITLE S ☐ Change ☒ Addition
NAME Betty Buccini
STREET ADDRESS 2325 Dade Palm Dr
CITY-ST-ZIP Edgewater, Fl. 32141

TITLE T ☐ Change ☒ Addition
NAME John Fitzsimmons
STREET ADDRESS 252 Golf Club Rd
CITY-ST-ZIP New Smyrna Beach, Fl. 32168

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Di Bernardo, Joan
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Arlene J. Tilison

3/23/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #