

2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90012 027 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

TILISON, ARLENE
2705 SABAL PALM DR
EDGEWATER FL 32141

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: *Arlene J. Tilison*

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

(NOTE: Registered Agent signature required when registering)

2/7/08

D/A/E

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	P	<input checked="" type="checkbox"/> Delete
NAME	DEFFEBAGH, BETTY	
STREET ADDRESS	2830 WILLOW OAK DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	FITZSIMMONS, JOHN	
STREET ADDRESS	252 GOLF CLUB ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TR	<input type="checkbox"/> Delete
NAME	TILISON, ARLENE J	
STREET ADDRESS	P.O. BOX 165 (2705 SABAL-PALM DR)	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BOLLWAGE, FRANK	
STREET ADDRESS	2217 YULE TREE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIBERNARDO, JOAN	
STREET ADDRESS	2517 TRAVELERS PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	STOUT, LILLIAM	
STREET ADDRESS	132 CHARLES STREET	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE	Merrill V. Tilison	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	2705 Sabal Palm Dr	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	Don Garner - Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2703 Tamarind Dr	
STREET ADDRESS	Edgewater, FL 32141	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arlene J. Tilison	
STREET ADDRESS	2705 Sabal Palm Dr	
CITY-ST-ZIP	Edgewater FL 32141	
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:

Arlene J. Tilison Arlene J. Tilison

2/7/08

386

428-4351