


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90050 020 ****80.00

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| DOCUMENT # 711257 |  |
| 1. Entity Name PALM BEACH SHORES PROPERTY OWNERS' ASSOCIATION, INC. | |

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| Principal Place of Business 247 EDWARDS LANE PALM BEACH SHORES FL 33404 | Mailing Address 247 EDWARDS LANE PALM BEACH SHORES FL 33404 |
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00014110



1st MOORE CR2E037 (10/04)

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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

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| 4. FEI Number 59-1585500 | Applied For <input type="checkbox"/> Not Applicable |
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| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DAWSON, CAROLE G 300 CASCADE LANE PALM BEACH SHORES FL 33409 |
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| 7. Name and Address of New Registered Agent Name MOODY, GOLDIE Street Address (P.O. Box Number is Not Acceptable) 231 BAMBOO ROAD City PALM BEACH SHORES FL Zip Code 33404 |
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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 *Goldie Moody* **GOLDIE MOODY** DATE 2-7-05
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BUSHHOUSE, STANLEY 145 OCEAN AVENUE, #210 WEST PALM BEACH FL 33404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP MOODY, GOLDIE 231 BAMBOO ROAD PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZIEGLER, KIMBERLY 200 BLOSSOM LANE PALM BEACH SHORES FL 33404 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DAWSON, CAROLE G 300 CASCADE LANE PALM BEACH SHORES FL 33404 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP PARRIS, EMILY 118 CASCADE LANE PALM BEACH SHORES FL 33404 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOODY, GOLDIE 231 BAMBOO ROAD PALM BEACH SHORES FL 33404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VP WAGNER, REINHOLD 325 BAMBOO ROAD PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP CHILCOTE, TOM 235 BAMBOO ROAD PALM BEACH SHORES, FL 33404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Goldie Moody* **GOLDIE MOODY** DATE 2-7-05 561-845-2447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR