

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90062 039 \*\*\*\*70.00

**DOCUMENT # 711257**

1. Entity Name

**PALM BEACH SHORES PROPERTY OWNERS'  
ASSOCIATION, INC.**



Principal Place of Business

**247 EDWARDS LANE  
PALM BEACH SHORES FL 33404**

Mailing Address

**247 EDWARDS LANE  
PALM BEACH SHORES FL 33404**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-1585500**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOODY, GOLDIE  
325 BAMBOO RD  
WEST PALM BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

**BUSHHOUSE, STANLEY**

Street Address (P.O. Box Number is Not Acceptable)

**145 OCEAN AVENUE #210**

City

**PALM BEACH SHORES**

FL

Zip Code

**33404**

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

*Stanley B. Bushhouse*

**STANLEY BUSHHOUSE**

**2-5-07**

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

(NOTE: Registered Agent signature required when reinstating)

Date

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	TD	<input type="checkbox"/> Delete
NAME	BUSHHOUSE, STANLEY	
STREET ADDRESS	145 OCEAN AVENUE, #210	
CITY ST ZIP	WEST PALM BEACH FL 33404	
TITLE	IVP	<input type="checkbox"/> Delete
NAME	MCDEVITT, JACK	
STREET ADDRESS	236 CLAREMOUNT LAND	
CITY ST ZIP	PALM BEACH SHORES FL 33404	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIEGLER, KIMBERLY	
STREET ADDRESS	200 BLOSSOM LANE	
CITY ST ZIP	PALM BEACH SHORES FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, REINHOLD	
STREET ADDRESS	325 BAMBOO RD	
CITY ST ZIP	PALM BEACH SHORES FL 33404	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	CHILCOTE, TOM	
STREET ADDRESS	235 BAMBOO ROAD	
CITY ST ZIP	PALM BEACH SHORES FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSHHOUSE, STANLEY	
STREET ADDRESS	145 OCEAN AVE #210	
CITY ST ZIP	PALM BEACH SHORES, FL 33404	
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:

*Stanley B. Bushhouse*

**STANLEY BUSHHOUSE 2-5-07**

**561-845-7810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #