

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90041 016 ****70.00

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1585500

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BUSHHOUSE, STANLEY
145 OCEAN AVENUE #210
WEST PALM BEACH, FL 33404**

Name

Street Address (P.O. Box Numbers Not Accepted)

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 Stanley Bushhouse STANLEY BUSHHOUSE 1-17-08

**Filing 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 _____
NAME BUSHHOUSE, STANLEY ☐ Delete
STREET ADDRESS 145 OCEAN AVENUE, #210
CITY, ST, ZIP PALM BEACH SHORES, FL 33404

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY, ST, ZIP _____

TITLE IVP ☐ Delete
NAME MCDEVITT, JACK
STREET ADDRESS 236 CLAREMOUNT LANE
CITY, ST, ZIP PALM BEACH SHORES, FL 33404

TITLE **PD** ☒ Change ☐ Addition
NAME **MCDEVITT, JACK**
STREET ADDRESS **236 CLAREMOUNT LANE**
CITY, ST, ZIP **PALM BEACH SHORES FL 33404**

TITLE SD ☒ Delete
NAME ZIEGLER, KIMBERLY
STREET ADDRESS 200 BLOSSOM LANE
CITY, ST, ZIP PALM BEACH SHORES, FL 33404

TITLE **SD** ☐ Change ☒ Addition
NAME **DEGLER, MARILYN**
STREET ADDRESS **238 BRAVADO LANE**
CITY, ST, ZIP **PALM BEACH SHORES, FL 33404**

TITLE PD ☒ Delete
NAME WAGNER, REINHOLD
STREET ADDRESS 325 BAMBOO RD
CITY, ST, ZIP PALM BEACH SHORES, FL 33404

TITLE **VP** ☐ Change ☒ Addition
NAME **LENHART, DAVID**
STREET ADDRESS **218 BAMBOO LANE**
CITY, ST, ZIP **PALM BEACH SHORES, FL 33404**

TITLE 2VP ☒ Delete
NAME CHILCOTE, TOM
STREET ADDRESS 235 BAMBOO ROAD
CITY, ST, ZIP PALM BEACH SHORES, FL 33404

TITLE _____ ☐ Change ☐ Addition
NAME _____
STREET ADDRESS _____
CITY, ST, ZIP _____

TITLE _____ ☐ Delete
NAME _____
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 Chapter 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 another like empowered.

SIGNATURE: Stanley Bushhouse STANLEY BUSHHOUSE 1-17-08 561-845-7810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR