

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711421

FILED
May 02, 2005
Secretary of State

Entity Name: ORMOND SHORES ESTATES, INC.

Current Principal Place of Business:

39 JUNIPER DR
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

39 JUNIPER DR
ORMOND BEACH, FL 32176 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FULLER, CYNTHIA
39 JUNIPER DR
ORMOND BEACH, FL 32176 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENEDICT, BRUCE
Address: 29 CAMILLIA DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: T/D () Delete
Name: FULLER, CYNTHIA
Address: 39 JUNIPER DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: P/D () Delete
Name: FAULK, DENISE
Address: 35 JUNIPER DR
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CARL, HAUSERMAN
Address: 1 CAMELLIA DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: S/D (X) Change () Addition
Name: FULLER, CYNTHIA
Address: 39 JUNIPER DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: T/D (X) Change () Addition
Name: JUDITH, SMITH
Address: 2575 JOHN ANDERSON
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA FULLER

S/D

05/02/2005

Electronic Signature of Signing Officer or Director

Date