

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90091 036 \*\*\*\*61.25

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|  |  |   |   |  |   |
|--|--|---|---|--|---|
| <b>DOCUMENT # 716894</b><br>1. Entity Name<br><b>SHORE VILLAS MANAGEMENT, INC.</b>   |  |   |   |  |   |
| Principal Place of Business<br><b>4495 S ATLANTIC AVE.<br/>NEW SMYRNA BEACH, FL 32169</b>  |  |   | Mailing Address<br><b>4495 S ATLANTIC AVE.<br/>NEW SMYRNA BEACH, FL 32169</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   | 01192007 Chg-NP CR2E037 (12/06)  |   |
| City & State   |  | City & State  |   | 4. FEI Number<br><b>59-1311523</b>   |   |
| Zip Country  |  | Zip Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BATTEN, LINDA M<br/>619 GILBERT RD<br/>WINTER PARK, FL 32792</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>PECORA, RON<br>413 PARK NORTH COURT<br>WINTER PARK, FL 32789     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BATTEN, LINDA M<br>619 GILBERT RD<br>WINTER PARK, FL             | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROSE, LARRY C<br>6715 WINDWARD CT<br>BROWNSBURG, IN 46112         | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>BOATMAN, SUSAN<br>624 E PINE ST<br>ORLANDO, FL 32801             | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>SECRETARY<br/>DAVID RANKIN<br/>3162 CECELIA DRIVE<br/>ATOPKA, FL 32703</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ROSEMEIER, RONALD<br>4780 ELLIOT ROAD<br>AMLIN, OH 43002          | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>ROHRDANZ, FREDERICK<br>34900 LONE PINE LANE<br>EUSTIS, FL 32736 | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 all other like empowered. |  |   |   |  |   |
| <b>SIGNATURE:</b> <i>Linda M. Batten President</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   | 1/23/07 407-677-5695<br><small>Date Daytime Phone *</small>  |   |