

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716894

FILED
Mar 06, 2009
Secretary of State

Entity Name: SHORE VILLAS MANAGEMENT, INC.

Current Principal Place of Business:

4495 S ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

4495 S ATLANTIC AVE.
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-1311523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROHRDANZ, FREDERICK
34900 LONE PINE LANE
EUSTIS, FL 32736 US

Name and Address of New Registered Agent:

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: TAYLOR, ALICE
Address: 1812 MILTON DRIVE
City-St-Zip: CHEYENNE, WY 82001

Title: PD () Delete
Name: ROHRDANZ, FREDERICK
Address: 34900 LONE PINE LANE
City-St-Zip: EUSTIS, FL 32736

Title: D () Delete
Name: ROSE, LARRY C
Address: 6715 WINDWARD CT
City-St-Zip: BROWNSBURG, IN 46112

Title: DT () Delete
Name: RANKIN, DAVID
Address: 3162 CECELIA DR
City-St-Zip: APOPKA, FL 32703

Title: S () Delete
Name: SMALLY, JEANETTE
Address: 2562 HAWKS RUN LANE
City-St-Zip: SORRENTO, FL 32776

Title: VPD () Delete
Name: LARSON, DAN
Address: 777 S HARBOUR ISLAND BLVD SUITE 300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FREDERICK ROHRDANZ

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date