


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90051 031 \*\*\*\*61.25

<b>DOCUMENT # 733358</b>					
1. Entity Name DIXIE SHORES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429 US			Mailing Address 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429 US		
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc. SAME		Suite, Apt. #, etc.			
City & State SAME		City & State SAME		4. FEI Number 59-2480765	
Zip SAME		Country SAME		Applied For Not Applicable	
Zip SAME		Country SAME		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  JANICE KOSTLE-TOMLINSON 11580 W. DIXIE SHORE DR CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME City SAME 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 <i>Janice Kostle-Tomlinson</i>		DATE <i>Feb. 8, 2008</i>			
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COONEY, TOM 11954 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARNAVALE, ARTHUR 11941 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHELLER, GAIL 11699 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANE GALANTE 11981 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOSTLE-TOMLINSON, JANICE 11580 W. DIXIE SHORES DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANDY, BOB 11891 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTHER MILLER 11753 W. COQUINA CT. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, JIM 11698 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM PATTON 11684 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input checked="" 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.					
SIGNATURE: <i>Janice Kostle-Tomlinson</i>		DATE: <i>2-8-08</i>		DAYTIME PHONE: <i>352-795-3603</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JANICE KOSTLE-TOMLINSON					