

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90024 039 \*\*\*\*61.25

<b>DOCUMENT # 740336</b> 1. Entity Name <b>WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2238 COLONIAL DRIVE DUNEDIN, FL 34698</b>				Mailing Address <b>2238 COLONIAL DRIVE DUNEDIN, FL 34698</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3175123</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORNELIUS, RIC 2238 COLONIAL DR DUNEDIN, FL 34698</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  <span style="float: right;">2-2-3-04</span> <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 Due by May 1, 2004</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 Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD CORNELIUS, RIC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELIUS, RIC		NAME		
STREET ADDRESS	2238 COLONIAL DR.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, CRAIG		NAME		
STREET ADDRESS	2956 MAPLE CT.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZOBRIK, KIMBERLY		NAME	<b>SD ANDERSON, LISA</b>	
STREET ADDRESS	2308 WILSHIRE DR		STREET ADDRESS	<b>2985 Fairfield CT</b>	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAGNELL, ED		NAME		
STREET ADDRESS	2924 FAIRFIELD CT.		STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  ED BAGNELL</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1-28-04</b> Daytime Phone # <b>727.725.6242</b>	