



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90013 042 \*\*\*\*61.25

<b>DOCUMENT # 740336</b> 1. Entity Name WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2238 COLONIAL DRIVE DUNEDIN, FL 34698			Mailing Address 2238 COLONIAL DRIVE DUNEDIN, FL 34698		
2. Principal Place of Business 2985 Fairfield Ct		3. Mailing Address 2985 Fairfield Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03032005 Chg-NP CR2E037 (10/03)	
City & State Dunedin FL		City & State Dunedin, FL		4. FEI Number 59-3175123	
Zip 34698		Country Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNELIUS, RIC 2238 COLONIAL DR DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Ty Anderson Street Address P.O. Box Number is Not Acceptable 2985 Fairfield Ct City Dunedin FL Zip Code 34698	
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 Ty ANDERSON J M Anderson 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME CORNELIUS, RIC STREET ADDRESS 2238 COLONIAL DR. CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE PD NAME TY ANDERSON STREET ADDRESS 2985 Fairfield Ct CITY-ST-ZIP Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HARDY, CRAIG STREET ADDRESS 2956 MAPLE CT. CITY-ST-ZIP DUNEDIN, FL	<input checked="" type="checkbox"/> Delete		TITLE VD NAME PEGGY PRESTON STREET ADDRESS 2338 Wilshire Drive CITY-ST-ZIP Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ANDERSON, LISA STREET ADDRESS 2985 FAIRFIELD CT CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Donna Bagnell STREET ADDRESS 2924 Fairfield Ct CITY-ST-ZIP Dunedin, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BAGNELL, ED STREET ADDRESS 2924 FAIRFIELD CT. CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE NAME SAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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.					
SIGNATURE: Ed Bagnell ED Bagnell Treasurer			Date 3-18-05		Daytime Phone # 727-796-3474