2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jul 21, 2006 8:00 am Secretary of State **DOCUMENT #740336** 07-21-2006 90030 002 ****61.25 WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 2985 FAIRFIELD CT 2985 FAIRFIELD CT 40100525 DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business 3. Mailing Address 07142006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-3175123 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, TY 2985 FAIRFIELD CT Street Ad DUNEDIN, FL 34698 unedin 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. the obligations of registered agent. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE 🛈 Delete TITLE NAME ANDERSON, TY NAME 2985 FAIRFIELD CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME PRESTON, PEGGY STREET ADDRESS 2338 WILSHIRE DRIVE STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Mari Seta Delete TITLE ☐ Addition BAGNELL, DONNA NAME 2211 Stacy Ct Dunedin, FL 34698 STREET ADDRESS 2924 FAIRFIELD CT STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE Delete ■ Addition NAME BAGNELL, ED NAME 2924 FAIRFIELD CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ■ 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 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

SIGNATURE:

FILED