



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90016 024 ****61.25

DOCUMENT # 740336 1. Entity Name WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2924 FAIRFIELD CT DUNEDIN, FL 34698				Mailing Address 2924 FAIRFIELD CT DUNEDIN, FL 34698	
2. Principal Place of Business - No P.O. Box # 2250 Marsha Dr. Suite, Apt. #, etc. Dunedin, FL. City & State 34698 Zip		3. Mailing Address P.O. Box 2446 Suite, Apt. #, etc. Dunedin, FL. City & State 34698 Zip			
Country		Country		02172008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3175123				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAGNELL, ED 2924 FAIRFIELD CT DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name <u>Tobey Main</u> Street Address (P.O. Box Number is Not Acceptable) <u>2250 Marsha Dr.</u> City <u>Dunedin</u> FL Zip Code <u>34698</u>		
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 <u>[Signature] Treasures</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>2-18-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VD MAIN, TOBEY 2250 MARSHA DR DUNEDIN, FL 34698	<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	PD PRESTON, PEGGY 2338 WILSHIRE DRIVE DUNEDIN, FL 34698	<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	SD BAGNELL, DONNA 2926 FAIRFIELD CT DUNEDIN, FL 34698	<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	TD BAGNELL, ED 2924 FAIRFIELD CT. DUNEDIN, FL 34698	<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
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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2-18-08</u> Daytime Phone # <u>727-797-4261</u>		