## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#740336** 

FILED Apr 08, 2009 Secretary of State

Entity Name: WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place	e of Business:	New Principal Place	e of Business:
	SHA DRIVE , FL 34698			
Current Mailing Address:		New Mailing Address:		
PO BOX 2 DUNEDIN	446 , FL 34698			
FEI Number:	: 59-3175123	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
	SHA DRIVE , FL 34698	US		and office or registered agent or both
The above	named entity	submits this statement for the p	ourpose of changing its register	ed office of registered agent, of both,
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office of registered agent, or both,
	e of Florida. RE:			ed office of registered agent, of both,
n the State	e of Florida. RE:	nic Signature of Registered Age		Date
in the State	e of Florida. RE:	nic Signature of Registered Age	ent	
in the State	e of Florida.  RE: Electro  S AND DIREC	nic Signature of Registered Ago CTORS: ) Delete	ent	Date
in the State SIGNATUF OFFICER: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIREC  VD ( MAIN, TOBEY 2250 MARSHA DUNEDIN, FL	nic Signature of Registered Age CTORS: ) Delete A DR 34698 ) Delete GGGY RE DRIVE	ent  ADDITIONS/CHANC  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS
n the State BIGNATUF  DFFICERS  Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE: Electro  S AND DIREC  VD ( MAIN, TOBEY 2250 MARSHA DUNEDIN, FL  PD ( PRESTON, PE 2338 WILSHIR DUNEDIN, FL	nic Signature of Registered Age CTORS: ) Delete  A DR 34698 ) Delete GGGY RE DRIVE 34698 ) Delete NNA LD CT	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBEY MAIN VD 04/08/2009