2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 741973

FILED Feb 07, 2005 8:00 am Secretary of State

1. Entity Nam	ne					54 Ev.	1450				•		•
VILLAGE INC.	SHORES F	PROPERTY OV	VNERS' ASS	SOCIATION,					02-07	-2005 900	042 026	****61.25	i
Principal Place	e of Business		Mailing	Address									
C/O J OSEP 909 HOLOM VERO BEAC US	H DUNGAN 1A-DRIVE CH FL 32963	R.C.BEES 913 HOLOM	000 000 HE 900 HE VERO E US	DSEPH DUNGAI XLOMA D BIVE BEACH FL 3296	N R. 913	0.13E	E3ON MA) DR 		181 ALTIN HAKK ARRA	aa im bisii bis	IFA BEBRU SITUTI DIDIR	CCRUMITA DE IRRI
2. Principal P	Place of Busine	ss	3. Mailin	g Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				1st MOORE CR2E037 (10/04)					
City & State			City	City & State				4. FEI Num	. FEI Number 22-2378831				Applied For Not Applicable
Zip		Country	Zip		Cou	ntry		5. Certificat	te of Stat	us Desired		\$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent				Agent	·		7. Name and Address of New Registered Agent						
						Name							
335	WART, WI 5 OCEAN				Street Address (P.O. Box Number is Not Acceptable)								
VEH	RO BEACH	FL 32960			ľ								
						City					F	Zip Co	ode
8. The above the obligat		submits this stateme	ent for the purpos	se of changing its	registere	d office or	register	ed agent, or b	oth, in th	e State of F	lorida. I a	m familiar wit	h, and accept
	lions of register	red agent											
SIGNATURE.	· .	red agent.	agent and title if applic	cable. (NOT	E·Registered	d Agent signati	Derruper etu	when reinstating)			DATE	<u> </u>	
	Signature, typed of		egent and tille if applic	9. Election Car Trust Fund (mpaign Fi	inancing	berruper eru	when reinstating) \$5.00 May Added to Fee			ake Che	ck Payabl artment of	
	Signature, typed of	printed name of registered		9. Election Car	mpaign Fi	inancing		\$5.00 May	es 🦂	Flor	ake Che ida Dep	ck Payabl artment of	State
	Signature, typed of FILE NOW: Due By	FEE IS \$61.25 May 1, 2005		9. Election Car	mpaign Fi	inancing on,		\$5.00 May Added to Fee	es 🦂	Flor	ake Che ida Dep	ck Payabl artment of	State IN 10
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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: - X. C. DEES ON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

1/29/05 234.358