
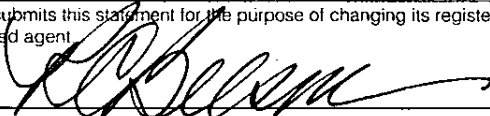
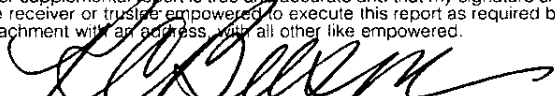


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90073 049 ****61.25

DOCUMENT # 741973 1. Entity Name VILLAGE SHORES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O R C BEESON 913 HOLOMA DR VERO BEACH FL 32963 US			Mailing Address C/O R C BEESON 913 HOLOMA DR VERO BEACH FL 32963 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="display: flex; justify-content: space-between;"> 22-2378831 <div> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div> </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent STEWART, WILLIAM J ESQ. 3355 OCEAN DRIVE VERO BEACH FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D ARLEN AHLSTROM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUSE, JOAN		NAME		
STREET ADDRESS	911 HOLOMA DRIVE 909 HOLOMA A		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32963		CITY - ST - ZIP		
TITLE	D ASHBY, JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHBY, JOHN		NAME		
STREET ADDRESS	914 HOLOMA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32963		CITY - ST - ZIP		
TITLE	D DUNCAN, JOSEPH SHANKS, KEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN, JOSEPH		NAME		
STREET ADDRESS	909 HOLOMA DRIVE 917 HOLOMA DR.		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32963		CITY - ST - ZIP		
TITLE	STD BEESON, R. C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEESON, R. C		NAME		
STREET ADDRESS	913 HOLOMA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32963		CITY - ST - ZIP		
TITLE	PD BRENNAN, DEBRA GRAUL, TOM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRENNAN, DEBRA		NAME		
STREET ADDRESS	908 HOLOMA DR 910 HOLOMA DR		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32963		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:  2/07/06					