


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2007 8:00 am
Secretary of State

08-22-2007 90022 027 ****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
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2. Principal Place of Business - No P.O. Box # John L Ashby, Jr 914 Holoma Drive Vero Beach, FL 32963	3. Mailing Address John L Ashby, Jr 914 Holoma Drive Vero Beach, FL 32963
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2nd MOORE CR2E037 (4/07)

Zip US	Country US	Zip US	Country US
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4. FEI Number 22-2378831	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, WILLIAM J ESQ. 3355 OCEAN DRIVE VERO BEACH FL 32960	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLSTROM, ARLEN 904 HOLOMA VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBY, JOHN 914 HOLOMA DRIVE VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANKS, KEN 917 HOLOMA DR VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEESON, R. C 913 HOLOMA DRIVE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAUL, TOM 910 HOLOMA DR VERO BEACH FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARROYAVE, MARIA 914 SURF LANE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYNES, Pat 905 Holoma Dr VERO Beach, FL 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF:

**John L Ashby, Jr
914 Holoma Drive
Vero Beach, FL
32963**

8/12/07 324-877-1249
Date Executive Phone #