


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 741973	
1. Entity Name VILLAGE SHORES PROPERTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business JOHN L. ASHBY JR 914 HOLOMA DR VERO BEACH FL 32963 US	Mailing Address JOHN L. ASHBY JR 914 HOLOMA DR VERO BEACH FL 32963 US
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 22-2378831	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
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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	
TITLE	<input type="checkbox"/> Delete
NAME	ARROYAVE, MARIA
STREET ADDRESS	914 SURFLANE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	ASHBY, JOHN
STREET ADDRESS	914 HOLOMA DRIVE
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	SHANKS, KEN
STREET ADDRESS	917 HOLOMA DR
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	HAYNES, PAT
STREET ADDRESS	905 HOLOMA DR
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	GRAUL, TOM
STREET ADDRESS	910 HOLOMA DR
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *John L. Ashby, Jr*