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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750014** (3)

1. Corporation Name

SHIRE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2500 HAVERHILL RD., N.E. PALM BAY FL 32905 US	Mailing Address 2567 HAVERHILL RD., N.E. PALM BAY FL 32905-2757 US
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3. Date Incorporated or Qualified 12/03/1979	3a. Date of Last Report 02/23/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALTERS, RICHARD
2563 HAVERHILL RD., N.E.
PALM BAY FL 32905**

81 Name Bob Gilsdorf	82 Street Address (P.O. Box Number is Not Acceptable) 2514 Amberly Rd. N.E.	83 City Palm Bay,	84 State FL	85 Zip Code 32905
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert J. Gilsdorf* **ROBERT J GILSDORF PRES.** **3-11-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WALTERS, RICHARD	1.2 NAME	Bob Gilsdorf
STREET ADDRESS	2583 HAVERHILL RD., N.E.	1.3 STREET ADDRESS	2514 Amberly Rd. N.E.
CITY-ST-ZIP	PALM BAY, FL 32909	1.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	TD	2.1 TITLE	TD
NAME	RATLIFF, LOU C	2.2 NAME	Wanda Stone
STREET ADDRESS	2589 AMBERLY RD N.E.	2.3 STREET ADDRESS	2589 Amberly Rd. N.E.
CITY-ST-ZIP	PALM BAY FL 32905	2.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	VD	3.1 TITLE	VD
NAME	CHURCH, ALLEN	3.2 NAME	Gladys Lindway
STREET ADDRESS	2580 HAVERHILL RD., N.E.	3.3 STREET ADDRESS	2540 Chatham Way N.E.
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE	CD	4.1 TITLE	
NAME	BIALECKI, EDWARD	4.2 NAME	
STREET ADDRESS	2522 AMBERLY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY, FL 32905	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S
NAME	WALTERS, PATRICIA	5.2 NAME	Peg Caprilla
STREET ADDRESS	2563 HAVERHILL RD. N.E.	5.3 STREET ADDRESS	2539 Chatham Way N.E.
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	Palm Bay, Fl. 32905
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Gilsdorf* **ROBERT J GILSDORF** **3-11-97** **407-952 1428**

CR2E037 (9/96)