

FILE NOW: FILING FEE IS \$61.25

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**Apr 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 US
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3. Date Incorporated or Qualified 12/03/1979
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 2589 Amberly Rd. NE Suite, Apt. #, etc.
22 City & State	27 Palm Bay, FL
23 Zip	28 32905
24 Country	29 Brevard

9. Name and Address of Current Registered Agent
**GILSDORF, BOB
2514 AMBERLY RD. N.E.
PALM BAY FL 32905**

10. Name and Address of New Registered Agent
81 Name **Gladys Lindvay**
82 Street Address (P.O. Box Number is Not Acceptable) **2540 Chatham Way NE**
83
84 City **Palm Bay** **FL** 85 Zip Code **32905**

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 Gladys Lindvay (NOTE: Registered Agent signature required when re-registering) **3/30/98**
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GILSDORF, BOB	1.1 TITLE	PD Gladys Lindvay
NAME	2514 AMBERLY RD. N.E.	1.2 NAME	2540 Chatham Way NE
STREET ADDRESS	PALM BAY, FL 32905	1.3 STREET ADDRESS	Palm Bay FL 32905
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD STONE, WANDA	2.1 TITLE	
NAME	2589 AMBERLY RD. N.E.	2.2 NAME	
STREET ADDRESS	PALM BAY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD LINDVOY, GLADYS	3.1 TITLE	VD Russell Roma
NAME	2540 CHATHAM WAY N.E.	3.2 NAME	2574 Amberly Street NE
STREET ADDRESS	PALM BAY FL	3.3 STREET ADDRESS	Palm Bay FL 32905
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD BIALECKI, EDWARD	4.1 TITLE	
NAME	2522 AMBERLY	4.2 NAME	
STREET ADDRESS	PALM BAY, FL 32905	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S CAPRILLA, PEG	5.1 TITLE	
NAME	2539 CHATHAM WAY N.E.	5.2 NAME	
STREET ADDRESS	PALM BAY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Wanda Stone **3-20-98 407 728 6462**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018568

CR2E037 (10/97)