

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90007 019 ****61.25

DOCUMENT # 750014

1. Entity Name

SHIRE HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2500 HAVERHILL RD., N.E.
 PALM BAY FL 32905
 US

2525 AMBERLY RD NE
 PALM BAY FL 32905
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LINDVAY, GLADYS~~
~~2540 CHATHAM WAY NE~~
~~PALM BAY FL 32905~~

Nedra C Smith
2060 Bedford St NE
Palm Bay, FL
32905

Name

NEDRA C SMITH

Street Address (P.O. Box Number is Not Acceptable)

2060 BEDFORD ST NE

PALM BAY

City

FL

Zip Code

32905

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.

SIGNATURE *NEDRA C SMITH PRESIDENT*

7-20-00

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDVAY, GLADYS	
STREET ADDRESS	2540 CHATHAM WAY NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, NEDRA	
STREET ADDRESS	2060 BEDFORD DRIVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PFUFF, JOYCE	
STREET ADDRESS	2525 AMBERLY RD NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BIALECKI, EDWARD	
STREET ADDRESS	2522 AMBERLY	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAPRILLA, PEG	
STREET ADDRESS	2539 CHATHAM WAY N.E.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CLETUS	
STREET ADDRESS	2060 BEDFORD DRIVE NE	
CITY-ST-ZIP	PALM BAY FL 32905	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE PFUFF	
STREET ADDRESS	2525 AMBERLY RD NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE FEELY	
STREET ADDRESS	CHATHAM WAY NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
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 exemption stated in Section 119.07(3)(i), 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: *NEDRA C SMITH*

7-20-00

321
952-1789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP 2000 07 0000