FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 25, 2002 8:00 am Secretary of State DOCUMENT # **750014** 03-25-2002 90016 029 ****61.25 SHIRE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 2500 HAVERHILL RD., N.E. 2060 BEDFORD ST NE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, NEDRA C 2060 13 EDFORD ST NE PALM BAY FL 32905 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. Signature, typed or printed name of registered agent and title if applicable £ 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10} OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD PFAFF, JOE RELS AMBERLY ☐ Delete TITLE ☐ Change Addition RDINE NAME SMITH, NEDRA C NAME STREET ADDRESS 2060 BEDFORD ST NE STREET ADDRESS PALM BAG, FL CITY-ST-ZIP 32905 CITY-ST-ZIP PALM BAY FL 32905 TITLE VD. ☐ Delete TITLE ☐ Change Addition CAPRILLA, PEG NAME STREET ADDRESS 2539 CHATMAN NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 TITLE TD 👿 Delete TITI F ☐ Change Addition NAME MOORE, LIBBY NAME STREET ADDRESS STREET ADDRESS 2505 AMBERLY DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 TITLE CD ☐ Delete TITLE ☐ Addition Change NAME PFAFF, JOE NAME STREET ADDRESS 2525 AMBERLY RD NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32905 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME Ferley, Betty NAME

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. 321

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

THE WEDRADS MITH

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

2507 CHATMAN NE

SMITH, CLETUS

PALM BAY FL 32905

PALM BAY FL 32905

2060 BEDFORD DRIVE NE

☐ Change

☐ Addition

CR2E037