


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90018 036 ****61.25

DOCUMENT # 750014			
1. Entity Name SHIRE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2500 HAVERHILL RD., N.E. PALM BAY, FL 32905 US		Mailing Address 2060 BEDFORD ST NE PALM BAY, FL 32905 US	
2. Principal Place of Business SAME		3. Mailing Address 2507 Chatham Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Bay, FL.	
Zip	Country	Zip	Country
32905	USA	32905	USA
4. FEI Number NOT APPLICABLE		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		7. Name and Address of New Registered Agent	
SMITH, NEDRA C 2060 BEDFORD STREET NE PALM BAY, FL 32905		Name L. WAYNE FEEHLY Street Address (P.O. Box Number is Not Acceptable) 2507 CHATHAM WAY NE Palm Bay, FL. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>L. Wayne Feehly</i>		DATE: 3-9-03	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, NEDRA C 2060 BEDFORD ST NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEEHLY, WAYNE L. 2507 CHATHAM WAY NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAPRILLA, PEG 2539 CHATMAN NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2539 CHATHAM WAYNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PFAFF, JOE 2525 AMBERLY RD NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PFAFF, JOE 2525 AMBERLY RD NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEEHLY, BETTY 2507 CHATMAN NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEEHLY, BETTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2507 CHATHAM WAYNE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CLETUS 2060 BEDFORD DRIVE NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>L. Wayne Feehly</i>		DATE: 3-9-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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