


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**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  
 2507 CHATHAM WAY  
 PALM BAY, FL 32905 US

**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 NOT APPLICABLE Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITCH, LOWELL  
 2515 HAVER HILL RD NE  
 PALM BAY, FL 32905

**DO NOT WRITE IN THIS SPACE**

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: *Lowell Fitch* 2/07/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000632315  
 02/21/07-80017-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITCH, LOWELL 2515 HAVER HILL RD NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUBERGEN, LINDA 2532 HAVER HILL RD NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BENSCHOTER, HARMON 2516 HAVER HILL RD NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PFAFF, JOE 2525 AMBERLY RD NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPRILLA, PEG 2539 CHATHAM WAY NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIHLY, WAYNE L 2507 CHATHAM WAY NE PALM BAY, FL 32905

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lowell Fitch* 2/07/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #