


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750014</b> 1. Entity Name <b>SHIRE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2500 HAVERHILL RD., N.E. PALM BAY, FL 32905 US</b>	Mailing Address <b>2507 CHATHAM WAY PALM BAY, FL 32905 US</b>
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01282008 No Chg-NP CR2E037 (4/08)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$61.25**  
**Due by May 1, 2008**

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

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

U00000809147  
 02/08/08-80011-008 61.25

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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:** *Joseph C Pfaff* **Joseph C Pfaff Treas,** *1/28/08 321-952-7261*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #