

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750014

FILED
Mar 09, 2009
Secretary of State

Entity Name: SHIRE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2507 CHATHAM WAY
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FITCH, LOWELL
Address: 2515 HAVER HILL RD NE
City-St-Zip: PALM BAY, FL 32905

Title: S () Delete
Name: TUBERGEN, LINDA
Address: 2532 HAVER HILL RD NE
City-St-Zip: PALM BAY, FL 32905

Title: CD () Delete
Name: BENSCHOTER, HARMON
Address: 2516 HAVER HILL RD NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: PFAFF, JOE
Address: 2525 AMBERLY RD NE
City-St-Zip: PALM BAY, FL 32905

Title: V () Delete
Name: CAPRILLA, PEG
Address: 2539 CHATHAM WAY NE
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: FEIHL, WAYNE L
Address: 2507 CHATHAM WAY NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C. PFAFF

TREA

03/09/2009

Electronic Signature of Signing Officer or Director

Date