

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750014

FILED  
Jan 18, 2012  
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  
Name: FITCH, LOWELL  
Address: 2515 HAVER HILL RD NE  
City-St-Zip: PALM BAY, FL 32905

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH C PFAFF

T

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date