

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 038 ****61.25

DOCUMENT # 756607 1. Entity Name PARK SHORES OF INDIAN RIVER SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O ELLIOT MERRILL 835 20TH PL. VERO BEACH, FL 32960 US			Mailing Address C/O ELLIOT MERRILL 835 20TH PL. VERO BEACH, FL 32960 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2184328	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, KAREN % ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PL. VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ 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, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	SHULTS, ANN		NAME	Williams, John	
STREET ADDRESS	133 PARK SHORES CIRCLE 7 E		STREET ADDRESS	123 Park Shores Cir. #26 E	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	MEYER, FREDRICK		NAME	Godfrey, John	
STREET ADDRESS	101 PARK SHORES CIRCLE, #6W		STREET ADDRESS	109 Park Shores Cir. #38W	
CITY-ST-ZIP	VERO BEACH, FL 32936		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	BUCK, LOUIS		NAME	King, Richard	
STREET ADDRESS	129 PARK SHORES CIRCLE 20E		STREET ADDRESS	103 Park Shores Cir. #9W	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DV	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	WALSH, AUSTIN		NAME	Griffin, Robert	
STREET ADDRESS	133 PARK SHORES CIR 1E		STREET ADDRESS	125 Park Shores Cir. #24E	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Sasson, Tom	
STREET ADDRESS			STREET ADDRESS	107 Park Shores Cir. #21W	
CITY-ST-ZIP			CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					