

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90070 039 ****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**

4004000 -



02022006 Chg-NP CR2E037 (11/05)

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

Applied For
Not Applicable

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, 2006**

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 **P** ☒ Delete
NAME **WILLIAMS, JOHN**
STREET ADDRESS **123 PARK SHORES CIR #26E**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GODFREY, JOHN**
STREET ADDRESS **109 PARK SHORES CIR #38W**
CITY-ST-ZIP **VERO BEACH, FL 32936**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KING, RICHARD**
STREET ADDRESS **103 PARK SHORES CIR #9 W**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **GRIFFIN, ROBERT**
STREET ADDRESS **125 PARK SHORES CIR #24E**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **T** ☐ Change ☒ Addition
NAME **Barbara Weber**
STREET ADDRESS **125 Park Shores Cir #23E**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **D** ☐ Delete
NAME **SASSON, TOM**
STREET ADDRESS **107 PARK SHORES CIR #21W**
CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **V.P** ☒ Change ☐ Addition
NAME **Tom Sassen**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John F. Godfrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2006

Date

Daytime Phone #