
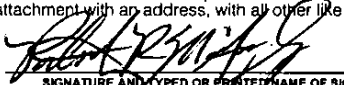


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 041 ****61.25

DOCUMENT # 762771					
1. Entity Name JAY-MAR SHORES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 102 LISA MARIE PLACE SHALIMAR, FL 32579			Mailing Address 102 LISA MARIE PLACE SHALIMAR, FL 32579		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2444328				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCGAUGHY, PATRICK 102 LISA MARIE PLACE SHALIMAR, FL 32579			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ (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. <input type="checkbox"/>		\$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	PD		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANKLIN, JAMES		NAME	GHOSH, JAY	
STREET ADDRESS	101 LISA MARIE PL		STREET ADDRESS	109 LISA MARIE PLACE	
CITY-ST-ZIP	SHALIMAR, FL 325791106		CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	T/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGAUGHY, PATRICK		NAME		
STREET ADDRESS	102 LISA MARIE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	S/D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBBIE, SCARR		NAME		
STREET ADDRESS	108 LISA MARIE PL		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 325791106		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPEER, SIDNEY		NAME		
STREET ADDRESS	105 LISA MARIE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOWELL, SAM		NAME		
STREET ADDRESS	103 LISA MARIE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKS, CINDY		NAME		
STREET ADDRESS	113 LISA MARIE PLACE		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		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: 			PATRICK B. MCGAUGHY 4/14/08 850-882-0590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					