

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762771

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: JAY-MAR SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

102 LISA MARIE PLACE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

102 LISA MARIE PLACE  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-2444328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGAUGHY, PATRICK  
102 LISA MARIE PLACE  
SHALIMAR, FL 32579 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: D ( ) Delete  
Name: GHOSH, JAY  
Address: 109 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

Title: T/D ( ) Delete  
Name: MCGAUGHY, PATRICK  
Address: 102 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

Title: S/D ( ) Delete  
Name: DEBBIE, SCARR  
Address: 108 LISA MARIE PL  
City-St-Zip: SHALIMAR, FL 325791106

Title: PD ( ) Delete  
Name: SPEER, SIDNEY  
Address: 105 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

Title: VD ( ) Delete  
Name: SOWELL, SAM  
Address: 103 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

Title: D ( ) Delete  
Name: FRAKES, CINDY  
Address: 113 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: MCGAUGHY, PATRICK  
Address: 102 LISA MARIE PLACE  
City-St-Zip: SHALIMAR, FL 32579

Title: SD (X) Change ( ) Addition  
Name: DEBBIE, SCARR  
Address: 108 LISA MARIE PL  
City-St-Zip: SHALIMAR, FL 325791106

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: PATRICK R. MCGAUGHY

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date