

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769837

FILED
Jun 30, 2004
Secretary of State

Entity Name: SHORES OF ARTISIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

33 WEST POINT DRIVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

33 WEST POINT DRIVE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-2414577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANNON, COLETTE
33 W. POINT DRIVE
COCOA BEACH, FL 32931 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: P () Delete
Name: CANNONA, COLETTE
Address: 33 WEST POINT DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: VP () Delete
Name: ROBINSON, TANYA
Address: 8501-18 RIDGEWOOD AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S () Delete
Name: MERCHANY, BABETTE
Address: 8501-10 RIDGEWOOD AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: WEINBERG, GRACE
Address: 8501-5 RIDGEWOOD AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: COLETTE CANNON

P/T

06/30/2004

Electronic Signature of Signing Officer or Director

Date