2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769837

FILED Mar 24, 2005 Secretary of State

Entity Name: SHORES OF ARTISIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 33 WEST POINT DRIVE COCOA BEACH, FL 32931 **Current Mailing Address: New Mailing Address:** 33 WEST POINT DRIVE COCOA BEACH, FL 32931 FEI Number: 59-2414577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CANNON, COLETTE 33 W. POINT DRIVE COCOA BEACH, FL 32931 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CANNONA, COLETTE CANNON, COLETTE Name: Name: 33 WEST POINT DRIVE Address: 33 WEST POINT DRIVE Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: COCOA BEACH, FL 32931 Title: () Delete Title: (X) Change () Addition ROBINSON, TANYA Name: PRILLART, VICKY Name: Address: 8501-18 RIDGEWOOD AVE. Address: 454 SAILFISH AVENUE City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Delete Title: (X) Change () Addition MERCHANY, BABETTE MERCHANT, BABETTE Name: Name: Address: 8501-10 RIDGEWOOD AVE. Address: 428 SAILFISH AVE. City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920 () Delete Title: Title: (X) Change () Addition Name: WEINBERG, GRACE Name: EASTERLING, RICK 8501-5 RIDGEWOOD AVE. Address: Address: 416 SAILFISH AVE .. City-St-Zip: CAPE CANAVERAL, FL 32920 City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Delete Title: () Change (X) Addition BARTNICK, TERRI Name: Name: 446 SAILFISH AVE. Address: Address: City-St-Zip: City-St-Zip: CAPE CANAVERAL, FL 32920

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 PRES 03/24/2005