

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90081 001 ****61.25

DOCUMENT # NC4000011839

1. Entity Name

SHORE VILLAS CONDOMINIUM ASSOCIATION OF HUTCHINSON ISLAND, INC.



Principal Place of Business

5267 N.E. SHORE VILLAGE TERRACE
STUART FL 33996

Mailing Address

5267 N.E. SHORE VILLAGE TERRACE
STUART FL 33996



2. Principal Place of Business

5267 NE SHORE Vlg. Terr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip

34996

Country

MARTIN

Zip

34996

Country

USA

4. FEI Number

84-1684059

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

HENRY, SANDRA
5267 N.E. SHORE VILLAGE TERRACE
STUART FL 33996

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE DST ☐ Delete
NAME HENRY, SANDRA
STREET ADDRESS 5267 N.E. SHORE VILLAGE TERRACE
CITY-ST-ZIP STUART FL 33996

TITLE DP ☐ Delete
NAME HENRY, EDWARD
STREET ADDRESS 430 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996

TITLE DVP ☐ Delete
NAME LUKAS, GEORGE
STREET ADDRESS 1612 N.E. OCEAN BLVD.
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 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 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:

Sandra A. Henry (sect. treas.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/05 (772) 225-5094

Date

Daytime Phone #