

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002245

FILED
Jan 24, 2009
Secretary of State

Entity Name: PENTHOUSE SHORES ASSOCIATION INC

Current Principal Place of Business:

661 POINSETTIA AVE 107
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2007
DUNEDIN, FL 34697 20

New Mailing Address:

FEI Number: 59-1514058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT L
1022 MAIN STREET
D
DUNNEDIN, FL 34698 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: V () Delete
Name: MCFADDEN, GREG
Address: 661 POINSETTIA AVE 204
City-St-Zip: CLEARWATER, FL 33767

Title: P () Delete
Name: WILLIAM, HILDEBRAND
Address: 661 POINSETTIA AVE UNIT 107
City-St-Zip: CLEARWATER, FL 33767

Title: T () Delete
Name: HAYS, BILL
Address: 661 POINSETTIA AVE 304
City-St-Zip: CLEARWATER, FL 33767

Title: S () Delete
Name: LEWINSKI, HANNA
Address: 661 POINSETTIA AVE 306
City-St-Zip: CLEARWATER, FL 33767

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: MCFADDEN, GREG
Address: 661 POINSETTIA AVE 204
City-St-Zip: CLEARWATER, FL 33767

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

Title: D (X) Change () Addition
Name: HAYS, BILL
Address: 661 POINSETTIA AVE 304
City-St-Zip: CLEARWATER, FL 33767

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

Title: V () Change (X) Addition
Name: GEVERS, THEODORE
Address: 661 POINSETTIA AVENUE
City-St-Zip: CLERAWATER,, FL 33767

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: WILLIAM O HILDREBRAND, JR.

P

01/24/2009

Electronic Signature of Signing Officer or Director

Date