

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90019 039 ****61.25

DOCUMENT # N06008

1. Entity Name

SHORELANDS WEST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2001 9TH AVENUE
308
VERO BEACH FL 32960

Mailing Address

P O BOX 3741
VERO BEACH FL 32964
US



2. Principal Place of Business

3355 Ocean Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32963

Country

USA

Country

4. FEI Number

59-2533808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, WILLIAM F
2001 9TH AVENUE
308
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Evans, Ralph L.

Street Address (P.O. Box Number is Not Acceptable)

3355 Ocean Dr.

City

Vero Beach

FL

Zip Code

32963

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

2-20-06

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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 PD
NAME BLACK, DWIGHT ☐ Delete
STREET ADDRESS 1395 SHORELANDS DRIVE NORTH
CITY-ST-ZIP VERO BEACH FL 32963

TITLE VPD
NAME MCLOUGHLIN, RICHARD ☐ Delete
STREET ADDRESS 1365 SHORELANDS DRIVE NORTH
CITY-ST-ZIP VERO BEACH FL 32963

TITLE STD
NAME THAYER, NANCY ☐ Delete
STREET ADDRESS 14256 SHORELANDS DRIVE WEST
CITY-ST-ZIP VERO BEACH FL 32963

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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CITY-ST-ZIP

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 exemptions contained in Section 119, 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:

Dwight Black

Dwight Black

Feb 14, 2006 772-231-6265