

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29459

FILED
Mar 31, 2009
Secretary of State

Entity Name: PARK SHORES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BREFFNI MANAGEMENT
2925 CARDINAL DR.
VERO BEACH, FL 32963 US

New Principal Place of Business:

C/O BREFFNI MANAGEMENT
2925 CARDINAL DR. SUITE D
VERO BEACH, FL 32963 US

Current Mailing Address:

C/O BREFFNI MANAGEMENT
2925 CARDINAL DRIVE
VERO BEACH, FL 32963 US

New Mailing Address:

C/O BREFFNI MANAGEMENT
2925 CARDINAL DRIVE SUITE D
VERO BEACH, FL 32963 US

FEI Number: 13-3522523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREFFNI REAL ESTATE MANAGEMENT CONSULTANT,
2925 CARDINAL DRIVE
SUITE D
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

BREFFNI REAL ESTATE MANAGEMENT CONSULTANT,
2925 CARDINAL DRIVE SUITE D
SUITE D
VERO BEACH, FL 32963 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: PATRICIA MCENERNEY

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, BERNICE
Address: 220 A PARK SHORES CIR
City-St-Zip: VERO BEACH, FL 32963

Title: T () Delete
Name: MONAGHAM, WILLIAM
Address: 219F PARK SHORES CIRCLE
City-St-Zip: VERO BEACH, FL 32963

Title: AS () Delete
Name: MCENERNEY, PATRICIA
Address: 1012 POITRAS DRIVE
City-St-Zip: VERO BEACH, FL 32963 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOVE, GAIL
Address: 215A PARK SHORES CIRCLE
City-St-Zip: VERO BEACH, FL 32963

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

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

Title: D () Change (X) Addition
Name: HARSTON, LINDA
Address: 212B PARK SHORES CIRCLE
City-St-Zip: VERO BEACH, FL 32963

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: PATRICIA MCENERNEY

AS

03/31/2009

Electronic Signature of Signing Officer or Director

Date