

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003593

FILED
Apr 08, 2009
Secretary of State

Entity Name: SHOREWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

607 SHOREWOOD DRIVE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

607 SHOREWOOD DRIVE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3388738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKLES, TIMOTHY
1970 MICHIGAN AVE BLDG C
COCOA, FL 32923 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: D () Delete
Name: AYERS, DAVID
Address: 605 SHOREWOOD DR., E 508
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T () Delete
Name: DYK, BRENT
Address: 609 SHOREWOOD DR A01
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: P () Delete
Name: ROBERTS, NAN
Address: 603 SHOREWOOD DRIVE, F406
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S () Delete
Name: HARNETT, WILLIAM
Address: 606 SHOREWOOD DR., C501
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V () Delete
Name: HANNAM, KEN
Address: 602 SHOREWOOD DRIVE, A505
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AYERS, DAVID
Address: 605 SHOREWOOD DR., E 508
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T (X) Change () Addition
Name: STAPPE, ELGAN II
Address: 606 SHOREWOOD DR C308
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: V (X) Change () Addition
Name: ROBERTS, NAN
Address: 603 SHOREWOOD DRIVE, F406
City-St-Zip: CAPE CANAVERAL, FL 32920

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

Title: P (X) Change () Addition
Name: HANNAM, KEN
Address: 602 SHOREWOOD DRIVE, A505
City-St-Zip: CAPE CANAVERAL, FL 32920

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: DOUGLAS W SEELEY

LCAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date