


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 024 ****61.25

DOCUMENT # N96000004271 1. Entity Name SHORELANDS EAST HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1506 SHORELANDS DR E VERO BEACH, FL 32963 US			Mailing Address POB 643914 VERO BEACH, FL 32964 US		
2. Principal Place of Business - No P.O. Box # 1550 Shorelands Dr. E.		3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State			
Zip 32963	Country USA	Zip	Country	4. FEI Number 59-3413468	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVAGE, WILLIAM E 1506 SHORELANDS DR E VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Connell, Daniel D. Street Address (P.O. Box Number is Not Acceptable) 1550 Shorelands Dr. E. 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 Daniel D. Connell T.D. DATE 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, RALPH C 1540 SHORELANDS DR E VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FISCHER, PHILIP 1486 SHORELANDS DR E VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAVAGE, WILLIAM E 1506 SHORELANDS DR E VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIN, DIANE 1480 SHORELANDS DR E VERO BEACH, FL 32963	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **Dan D. Connell**