

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # N96000004271

1. Entity Name
SHORELANDS EAST HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business
1550 SHORELANDS DR E
VERO BEACH, FL 32963 US

Mailing Address
POB 643914
VERO BEACH, FL 32964 US



01222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3413468

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CONNELL, DANIEL D
1550 SHORELANDS DR E
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD
NAME
MORGAN, RALPH C
STREET ADDRESS
1540 SHORELANDS DR E
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
VD
NAME
WHEELWRIGHT, ROGER
STREET ADDRESS
1576 SHORELANDS DR E
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
TD
NAME
CONNELL, DANIEL D
STREET ADDRESS
1550 SHORELANDS DR E
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
SD
NAME
BAIN, DIANE
STREET ADDRESS
1480 SHORELANDS DR E
CITY-ST-ZIP
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000797668
01/29/08-80082-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08

7724535816