

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005831

FILED
Jan 11, 2007
Secretary of State

Entity Name: THE EASTERN SHORES ASSOCIATION, INC.

Current Principal Place of Business:

EASTERN SHORES
10 CAMINO REAL DR
EDGEWATER, FL 32132

New Principal Place of Business:

Current Mailing Address:

10 CAMINO REAL DRIVE
OFFICE, ASSOC., ATTENTION
EDGEWATER, FL 32132

New Mailing Address:

FEI Number: 59-2015464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORSE, MICHAEL
39 CAMINO REAL DR
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

SCHIEFELBEIN, WILLIAM T
1 RIO DEL INDIO DR
EDGEWATER, FL 32132 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: WILLIAM T SCHIEFELBEIN

01/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORSE, MICHAEL
Address: 39 CAMINO REAL DR
City-St-Zip: EDGEWATER, FL 32132

Title: T () Delete
Name: DE YOUNG, RODNEY
Address: 24 CAMINO REAL DR
City-St-Zip: EDGEWATER, FL 32132

Title: S () Delete
Name: CARPENTER, DARLENE
Address: 41 LAS PALMAS DR
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: WAGNER, GERALD
Address: 48 CAMINO REAL
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: ROTUNDA, LOUIS
Address: 15 LAS PALMAS DR
City-St-Zip: EDGEWATER, FL 32132

Title: V () Delete
Name: DOSTALER, BOB
Address: 19 LAS PALMAS DR
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHIEFELBEIN, WILLIAM T
Address: 1 RIO DEL INDIO DR
City-St-Zip: EDGEWATER, FL 32132

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

Title: S (X) Change () Addition
Name: MARY, FREEBORN
Address: 33 CAMINO REAL DR
City-St-Zip: EDGEWATER, FL 32132

Title: D (X) Change () Addition
Name: FLYNN, RAY
Address: 15 BORDE AQUA DR
City-St-Zip: EDGEWATER, FL 32132

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM T SCHIEFELBEIN

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date