

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721943 (9)
1. Corporation Name
SHELTER COVE RESORT CONDOMINIUM, INC.



Principal Place of Business: 2180 WEST SR 434, SUITE 5000, LONGWOOD FL 32779-5044, US
Mailing Address: 2180 WEST SR 434, SUITE 5000, LONGWOOD FL 32779-5044, US

3. Date Incorporated or Qualified: 10/26/1971
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0721824 59-239-6951
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: HART, JAMES W., JR., 2180 W. STATE ROAD 434, SUITE 5000, LONGWOOD FL 32779-5044

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSTD NAME: CRAWFORD, TERRENCE P. STREET ADDRESS: 1130 E DONEGAN AVE., SUITE 4 CITY-ST-ZIP: KISSIMMEE FL	<input type="checkbox"/> DELETE	11 TITLE: 12 NAME: 13 STREET ADDRESS: 1140 E. DONEGAN AVENUE 14 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ARCHER, DANNY STREET ADDRESS: 52 E. SOUTH STREET CITY-ST-ZIP: ORLANDO FL 32801-3396	<input checked="" type="checkbox"/> DELETE	21 TITLE: 22 NAME: 23 STREET ADDRESS: 1403 STARBOARD DR 24 CITY-ST-ZIP: ST CLOUD FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BRENT, FREDRICK STREET ADDRESS: 52 E. SOUTH STREET CITY-ST-ZIP: ORLANDO FL 32801-3396	<input checked="" type="checkbox"/> DELETE	31 TITLE: 32 NAME: 33 STREET ADDRESS: 1309 PINE ISLAND DR 34 CITY-ST-ZIP: ST CLOUD FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 1401 STARBOARD DR 44 CITY-ST-ZIP: ST CLOUD FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 6160 PARKWAY EAST 54 CITY-ST-ZIP: ST CLOUD FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

1140 E. DONEGAN AVENUE
1403 STARBOARD DR
ST CLOUD FL 34771
1309 PINE ISLAND DR
ST CLOUD FL 34771
1401 STARBOARD DR
ST CLOUD FL 34771
6160 PARKWAY EAST
ST CLOUD FL 34771

05-01-96 002
Bank deposit \$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terrence P. Crawford* RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-18-96
Dwayne Phone #: 407-846-6373

CR2E037 (12/95)

721943

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SHELTER COVE RESORT CONDOMINIUM

6.1 VANDERBERG, NEIL
6162 PARKWAY EAST
ST CLOUD FL 34771

ADDITION