FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

SHELTER COVE RESORT CONDOMINIUM, INC.

FILED
May 09 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address										
2180 WEST SR SUITE \$000		2180 WEST SR 434 SUITE 5000								
LONGWOOD FL	. 32779-5044	LONGWOOD FL 32779-50	44							
US		US	US			3. Date Incorporated or Qualified 10/26/1971	3a. Date	ale of Last Report 05/01/1996		
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 59-2396951			pplied For	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			······································				lot Applicable Additional	
22		27				5. Certificate of Status Desired			Roditional	
City & Stat	Θ	City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip		intry		8. This corporation has liability for i	ntangible ta	tangible tax under s. 199.032,		
24	25 9. Name and Address of Curren	1 Positioned Agent	30	r			Yes			
	s. Hairie and Address Of Conten	t negistered Agent		81	Name	10. Name and Address of New Re	Jisterea Ag	ent		
HART .I	AMES W., JR.									
	STATE ROAD 434			82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le)			
SUITE 5				83						
	OOD FL 32779-5044			21	0					
				84	City		FL	85 Zip	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050; registered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Stati of Florida. Such change was ations of, Section 617.0503, F	ules, the al s authorize Florida Stal	bove d by lutes	-named corpo the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of c t the appoi	hanging itment a	its registered s registered	
SIGNATURE	Signature, typed or printed name of registered agor	nt and title II applicable (NC	OTE: Pooletero	d Ago	ot cionatiro ro	gulred when reinstating)	DATE			
12.	OFFICERS AND		18.	u Age	it signature re	ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12	
TITLE	PSTD	DELETE	1.1 11	TLE				Change	Addition	
NAME	CRAWFORD, TERRENCE P.		1.2 N	AME				•		
STREET ADDRESS	1140 E DONEGAN AVE		1.3 \$1	REET		3377 W. Vine St, St		306		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CI	11Y-\$1	1 - 21P	Kissimmee, FL 3474	L			
TITLE	D	☐ DEL€TE	2.1 (1	2.1 TITLE				Change	☐ Addition	
NAME	ASHBY, LOWELL E		2.2 N	AME						
STREET ADDRESS	1403 STARBOARD DR				ADDRESS					
CITY-ST-ZIP TITLE	ST CLOUD FL 34771	DELETE		ITY-S	T-ZIP			٦ ٥٠٠٠٠	TT 1128	
NAME	HEATH, LE FORD		3.1 TI				L	_ Change	L Addition	
STREET ADDRESS	1309 PINE ISLAND DR		3.2 N/		ADDRESS					
City-ST-ZIP	ST CLOUD FL 34771			ITY-S	1					
TITLE	D	DELETE	4.1 TI		1-411		T	Change	Addition	
NAME	HEYNE, DARRYL G		4. P.N	IAME			_			
STREET ADDRESS	1401 STARBOARD DR		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	ST CLOUD FL 34771		4.4 CI	1Y-S1	- ZIP					
TITLE	D	☐ DELETE	51 TI	TLE				Change	Addition	
NAME	THOMAS, BILL		52 N/	AME						
STREET ADDRESS	6160 PARKWAY EAST		5981	TREET	ADDRESS					
CITY-ST-ZIP	ST CLOUD FL 34771		5.4 CI		- Z IP					
TITLE		☐ DELETE	6.1 TI] Change	Addition	
NAME			6.2 N/							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP			· · · · · · · · · · · · · · · · · · ·		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3 if changed, or or an attachment with an address.