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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721943

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2396951 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29
Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W., JR.
 2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779-5044

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, TERRENCE P.	1.2 NAME	
STREET ADDRESS	3377 W. VINE ST., STE. 306	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHBY, LOWELL E	2.2 NAME	
STREET ADDRESS	1403 STARBOARD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATH, LE FORD	3.2 NAME	
STREET ADDRESS	1309 PINE ISLAND DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYNE, DARRYL G	4.2 NAME	
STREET ADDRESS	1401 STARBOARD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, BILL	5.2 NAME	
STREET ADDRESS	6160 PARKWAY EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34771	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terrence P. Crawford* **TERRENCE P. CRAWFORD** 2-26-99 407-846-6323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)