


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90287 010 ****61.25

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DOCUMENT # 721943			
1. Entity Name SHELTER COVE RESORT CONDOMINIUM, INC.			
Principal Place of Business 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741 US		Mailing Address 101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741 US	
2. Principal Place of Business Leland Management 8009 South Orange Avenue Orlando, FL 32809		3. Mailing Address Leland Management 8009 South Orange Avenue Orlando, FL 32809	
Zip		Country	
4082005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2396951		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT, INC. 8009 SOUTH ORANGE AVE. ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>[Signature]</i> agent 4/8/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: THOMPSON, JEANIE STREET ADDRESS: 6188 PARKWAY EAST CITY-ST-ZIP: ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE: Secretary NAME: Sharon McMichael STREET ADDRESS: PMS 2458 CITY-ST-ZIP: 774 E. Merritt Island Cswy Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: TD NAME: CAMPBELL, GALEN STREET ADDRESS: 1379 MAINAIL LN CITY-ST-ZIP: SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE: Director NAME: Rickey Fisher STREET ADDRESS: 2314 Falcon Drive CITY-ST-ZIP: Charleston, WV 25312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: YOUNG, DARL STREET ADDRESS: 1371 SHIPWRECK LN CITY-ST-ZIP: ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Wesley Hartley STREET ADDRESS: P.O. Box 357460 CITY-ST-ZIP: Gainesville, FL 32635 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: SD NAME: TOWN, ROBERT STREET ADDRESS: 1427 STARBOARD RD CITY-ST-ZIP: ST CLOUD, FL 34771 <input checked="" type="checkbox"/> Delete	TITLE: Director NAME: Leford Heath STREET ADDRESS: 165 Ganoungtown Rd. CITY-ST-ZIP: Port Crane, NY 13833 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: ASHBY, LOWELL STREET ADDRESS: 1403 STARBOARD DR CITY-ST-ZIP: ST CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: PD NAME: TULLOCK, DONALD STREET ADDRESS: 6169 DEEPWATER DR CITY-ST-ZIP: ST CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>[Signature]</i> Pres. 4-18-05 407-957 9202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			