

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 19, 2007
Secretary of State**

DOCUMENT# 721943

Entity Name: SHELTER COVE RESORT CONDOMINIUM, INC.

Current Principal Place of Business:

LELAND MANAGEMENT
8009 SOUTH ORANGE AVENUE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

LELAND MANAGEMENT
8009 SOUTH ORANGE AVENUE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-2396951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.
8009 SOUTH ORANGE AVE.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TULLOCK, DONALD
Address: 11485 POWHATON
City-St-Zip: LAKEVIEW, OH 43331

Title: VP () Delete
Name: RICE, JAMES
Address: 6195 PARKWAY EAST
City-St-Zip: SAINT CLOUD, FL 34771

Title: ST () Delete
Name: CATRON, ROBERT
Address: 10826 CATRON ROAD
City-St-Zip: PERRY HALL, MD 21128

Title: TR () Delete
Name: CAMPBELL, GALEN
Address: 324 SYCAMORE STREET
City-St-Zip: OLNEY, IL 62450

Title: D () Delete
Name: HEATH, BRENT
Address: 423 SQUIRREL HILL ROAD
City-St-Zip: CHENANGO FORKS, NY 13746

Title: D () Delete
Name: RAGER, ROGER
Address: 6167 PARKWAY EAST
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAMPBELL, GALEN
Address: 115 W NORTH AVENUE
City-St-Zip: OLNEY, IL 62450

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

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

Title: TR (X) Change () Addition
Name: TULLOCK, DONALD
Address: 6169 DEEPWATER DRIVE
City-St-Zip: ST CLOUD, FL 34771

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: GALEN CAMPBELL

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date