

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90322 043 ****61.25

DOCUMENT # 721943

1. Entity Name

SHELTER COVE RESORT CONDOMINIUM, INC.



Principal Place of Business

3485 W VINE ST
KISSIMMEE FL 34741
US

Mailing Address

3485 W VINE ST
KISSIMMEE FL 34741
US

40008858



2. Principal Place of Business

101 Park Place Blvd.

3. Mailing Address

101 Park Place Blvd.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number **59-2396951**

Applied For

Not Applicable

Zip

34741

Country

USA

Zip

34741

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARENA MANAGEMENT GROUP, INC.
3485 W VINE ST
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name
Walter M Arena
Street Address (P.O. Box Number is Not Acceptable)
101 Park Place Blvd.
Suite 2
City
Kissimmee FL Zip Code
34741

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

Walter M Arena

4/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	VANDENBERG, NEIL	
STREET ADDRESS	6162 PARKWAY EAST	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, GALEN	
STREET ADDRESS	1379 MAINAIL LN	
CITY-ST-ZIP	SAINT CLOUD FL 34771	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, DARL	
STREET ADDRESS	1371 SHIPWRECK LN	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOWN, ROBERT	
STREET ADDRESS	1427 STARBOARD RD	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIESE, FAYE	
STREET ADDRESS	1368 SHIPWERCK LN	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TULLOCK, DONALD	
STREET ADDRESS	6169 DEEPWATER DR	
CITY-ST-ZIP	ST CLOUD FL 34771	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, DONALD	
STREET ADDRESS	1376 SHIPWRECK LN.	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GALEN	
STREET ADDRESS	1379 MAINSAIL LN.	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DARL	
STREET ADDRESS	1371 SHIPWRECK LN	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWN, ROBERT	
STREET ADDRESS	1427 STARBOARD DR	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, WILLIAM	
STREET ADDRESS	6160 PARKWAY EAST	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLOCK, DONALD	
STREET ADDRESS	6169 DEEPWATER DR	
CITY-ST-ZIP	ST CLOUD FL 34771	

12. 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 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:

Donald Parks

4/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment
40008858
Doc # 721943

D
LOCKWOOD, WILLIAM
6197 PARKWAY EAST
ST CLOUD FL 34771

Change Addition