FILE NOW: FILING FEE IS $61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732268** **(8)**

1. Corporation Name
SHOCKLEY HILL CLUB INC.

Principal Place of Business	Mailing Address
20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US	20325 BLUE WING RD P.O. BOX 583 ALTOONA FL 32702-0583

3. Date Incorporated or Qualified: 03/25/1975
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 59-1647615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORGAN, ALBERT
20302 MALLARD RD
ALTOONA FL 32702

10. Name and Address of New Registered Agent

81 Name: Albert Morgan
82 Street Address (P.O. Box Number is Not Acceptable): 32702 Mallard Road
83
84 City: Altoona **FL** 85 Zip Code: 32702

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: Albert Morgan — 1-13-97
Signature, type 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	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOYS, ROSALIE		1.2 NAME		
STREET ADDRESS	20414 GADWELL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRICK, DONNA		2.2 NAME		
STREET ADDRESS	20329 BLCK DUCK ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHARD, HAROLD		3.2 NAME		
STREET ADDRESS	20311 PINTAIL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, JAMES		4.2 NAME		
STREET ADDRESS	45903 FLORIDA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NEIL, STAHL		5.2 NAME		
STREET ADDRESS	20438 BLUE WING ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROMEYN, BETTY		6.2 NAME		
STREET ADDRESS	20417 CANVAS BACK ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE: Rosalie G Bloys — 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012643