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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732268

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 ROAD P. O. BOX 583 ALTOONA FL 32702 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/25/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1647615 — Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MORGAN, ALBERT
32703 MALLARD ROAD
ALTOONA FL 32702

10. Name and Address of New Registered Agent

81 Name: Hawley, Mary Anne
82 Street Address (P.O. Box Number is Not Acceptable)
83: 20410 Green Wing Road
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: Mary Anne Hawley — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	BLOYS, ROSALIE		1.2 NAME	DAUGHERTY, Anna	
STREET ADDRESS	20414 GADWELL ROAD		1.3 STREET ADDRESS	20242 Mallard Road	
CITY-ST-ZIP	ALTOONA FL		1.4 CITY-ST-ZIP	Altoona, FL 32702	
TITLE	T	☑ DELETE	2.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FRICK, DONNA		2.2 NAME	FRICK, ROSA	
STREET ADDRESS	20329 BLCK DUCK ROAD		2.3 STREET ADDRESS	20253 Blue Wing Road	
CITY-ST-ZIP	ALTOONA FL		2.4 CITY-ST-ZIP	Altoona, FL 32702	
TITLE	D	☑ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PRITCHARD, HAROLD		3.2 NAME	BURT, Gerald	
STREET ADDRESS	20311 PINTAIL ROAD		3.3 STREET ADDRESS	47319 Bear Claw Road	
CITY-ST-ZIP	ALTOONA FL		3.4. CITY-ST-ZIP	Altoona, FL 32702	
TITLE	D	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	BLAIR, JAMES		4. 2 NAME	WHITE, Luther	
STREET ADDRESS	45903 FLORIDA ROAD		4.3 STREET ADDRESS	20245 Black Duck Road	
CITY-ST-ZIP	ALTOONA FL		4.4 CITY-ST-ZIP	Altoona, FL 32702	
TITLE	P	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	NEIL, STAHL		5.2 NAME	BROWN, Jerry	
STREET ADDRESS	20438 BLUE WING ROAD		5.3 STREET ADDRESS	20406 Blue Wing Road	
CITY-ST-ZIP	ALTOONA FL		5.4 CITY-ST-ZIP	Altoona, FL 32702	
TITLE	D	☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	ROMEYN, BETTY		6.2 NAME	DAVIES, Richard	
STREET ADDRESS	20417 CANVAS BACK ROAD		6.3 STREET ADDRESS	20341 Blue Wing Road	
CITY-ST-ZIP	ALTOONA FL		6.4 CITY-ST-ZIP	Altoona, FL 32702	

CR2E037 (11/98)

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: Mary Anne Hawley — 1/14/99 — 352-669-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #