

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90029 028 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                  |                                                                                                                            |                                                                                                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>EPDVNF0U!\$ 732268</b><br>2/ Entity Name<br><b>SHOCKLEY HILL CLUB INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                  |                                                                                                                            |                                                              |  |
| Principal Place of Business<br><b>31446!QWFXLHSPRE</b><br><b>BMPPCB!QM43813!!!!!!VT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                  |                                                                                                                            | Mailing Address<br><b>QIP!CPY694</b><br><b>BMPPCB!QM43813!!!!!!VT</b>                                                                         |  |
| 3/ Principal Place of Business<br><b>20325 Blue Wing Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 4/ Mailing Address<br><b>P. O. Box 583</b>                                       |                                                                                                                            |                                                                                                                                               |  |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Suite, Apt. #, etc.<br>                                                          |                                                                                                                            |                                                                                                                                               |  |
| City & State<br><b>Altoona, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | City & State<br><b>Altoona, FL</b>                                               |                                                                                                                            | 5/ FEI Number<br><b>59-1647615</b>                                                                                                            |  |
| Zip<br><b>32702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Country<br><b>USA</b>                                                            |                                                                                                                            | 6/ Certificate of Status Desired <input type="checkbox"/> <b>%0/86 Beejupobm</b><br><b>Gf ISf rvjfe</b>                                       |  |
| 7/ Obn f lboe!Bee f t t lpgDvss ouSf hjt u f e!Bhf ou<br><b>BLOYS, ROSALIE</b><br><b>20414 GADWELL ROAD</b><br><b>ALTOONA, FL 32702</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                  |                                                                                                                            | 8/ Obn f lboe!Bee f t t lpgOf x ISf hjt u f e!Bhf ou<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>GM</b> Zip Code |  |
| 9/ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                                  |                                                                                                                            |                                                                                                                                               |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <input type="checkbox"/> Election Campaign Financing<br>Trust Fund Contribution. |                                                                                                                            | <input type="checkbox"/> <b>%6/11 NbzlCf!</b><br><b>Beef elup!G f t</b>                                                                       |  |
| <b>Nbl f di fdl qbzbcfrh up</b><br><b>Gpsjeb Ef qbsn f oupgTubf</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                                                                                  |                                                                                                                            |                                                                                                                                               |  |
| <b>21/ OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                  | <b>22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                               |                                                                                                                                               |  |
| TITLE<br>P<br>NAME<br>RUSH, CHARLOTTE<br>STREET ADDRESS<br>20434 GADWELL ROAD<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>President<br>NAME<br>Lee Thompson<br>STREET ADDRESS<br>20245 Canvas Back Road<br>CITY-ST-ZIP<br>Altoona, FL 32702 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>T<br>NAME<br>ROMEYN, BETTY<br>STREET ADDRESS<br>20245 CANVAS BACK ROAD<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>Secretary<br>NAME<br>Flo Watson<br>STREET ADDRESS<br>47220 Deer Road<br>CITY-ST-ZIP<br>Altoona, FL 32702          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>S<br>NAME<br>BLOYS, ROSALIE<br>STREET ADDRESS<br>20414 GADWELL RD<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>Treasurer<br>NAME<br>Rosalie Bloys<br>STREET ADDRESS<br>20414 Gadwall Road<br>CITY-ST-ZIP<br>Altoona, FL 32702    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>T<br>NAME<br>BATCHLER, JACK<br>STREET ADDRESS<br>19509 SUNSET TRIP<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>Trustee<br>NAME<br>Betty Romeyn<br>STREET ADDRESS<br>20245 Canvas Back Road<br>CITY-ST-ZIP<br>Altoona, FL 32702   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>T<br>NAME<br>BATCHLER, MARY<br>STREET ADDRESS<br>19509 SUNSET STRIP<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>Trustee<br>NAME<br>James Watson<br>STREET ADDRESS<br>47220 Deer Road<br>CITY-ST-ZIP<br>Altoona, FL 32702          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| TITLE<br>T<br>NAME<br>EGGERT, JANE<br>STREET ADDRESS<br>47228 DEER ROAD<br>CITY-ST-ZIP<br>ALTOONA, FL 32702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>Trustee<br>NAME<br>Marge Davies<br>STREET ADDRESS<br>20335 Blue Wing Road<br>CITY-ST-ZIP<br>Altoona, FL 32702     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |  |
| 23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                            |                                                                                  |                                                                                                                            |                                                                                                                                               |  |
| <b>TJHOBVFSF;</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                  | <b>FLORENCE WATSON</b> <i>Florence Watson</i> 3/6/06 Date                                                                  |                                                                                                                                               |  |
| <b>SECRETARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                                  | <b>SECRETARY</b>                                                                                                           |                                                                                                                                               |  |