2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90017 031 ****61.25

DOCUMENT # 732268

1. Entity Name

SHOCKLEY HILL CLUB INC.

Principal Place of Business	Mailing Address
20335 BLUE WING ROAD ALTOONA FL 32702 US	P. O. BOX 583 ALTOONA FL 32702 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLOYS, ROSALIE 20414 GADWELL ROAD ALTOONA FL 32702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMPSON, LEE 20245 CANVAS BACK RD. ALTOONA FL 32702	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Betty Romeyn 20417 Canvas Back Rd Altoona, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ROMEYN, BETTY 20245 CANVAS BACK ROAD ALTOONA FL 32702	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Wendell Cole 20341 Blue Wing Rd Altoona, FL 32702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLOYS, ROSALIE 20414 GADWELL RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, FLO 47220 DEER RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR WATSON, JAMES 47220 DEER RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR DAVIES, MARGE 20335 BLUE WING RD ALTOONA FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR Rose Frick 20253 Blue Wing Rd Altoona, FL 32702	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Rosalie Bloys Rosalie Bloys 1-22-08 352-669-3635