

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756886 (8)

1. Corporation Name

SHELL POINT HARBOR PROPERTY OWNERS' ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

ROUTE 2 BOX 4390-79
CRAWFORDVILLE FL 32327
US

ROUTE 2 BOX 4390 - 79
CRAWFORDVILLE FL 32327
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1981
3a. Date of Last Report 04/14/1994

4. FEI Number 59-2162921
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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ \$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TENEWITZ, JOHN H
ROUTE 2 BOX 4398-79
CRAWFORDVILLE FL 32327

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/28/95
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONIGLIO, MICHAEL
STREET ADDRESS 1090 RICHARDSON DR
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD
NAME BROADWAY, DUANE
STREET ADDRESS RT. 2 BOX 4391-112
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE TD
NAME TENEWITZ, JOHN
STREET ADDRESS RT. 2 BOX 4398-79
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE SD
NAME ALEXANDER, LINDA
STREET ADDRESS RT. 2 BOX 4272-5
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE SGD
NAME COXEN, DAYLE
STREET ADDRESS RT. 2 BOX 4390
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME John H. Tenewitz
1.3 STREET ADDRESS RT 2 Box 4398-79
1.4 CITY-ST-ZIP Crawfordville FL 32327

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Coxen, Dayle
3.3 STREET ADDRESS RT 2 Box 4390
3.4 CITY-ST-ZIP Crawfordville FL 32327

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SGD ☐ Change ☐ Addition
5.2 NAME Morris Tilleu
5.3 STREET ADDRESS RT 2 Box 4398-80
5.4 CITY-ST-ZIP Crawfordville FL 32327

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John H. Tenewitz
Signature and typed or printed name of signing officer or director
John H. Tenewitz, President

2/28/95

487-4996

1301

Daytime Phone #