

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 756886 (8)

1. Corporation Name

SHELL POINT HARBOR PROPERTY OWNERS' ASSOCIATION,  
INC.



Principal Place of Business

Mailing Address

ROUTE 2 BOX 4398-79  
CRAWFORDVILLE FL 32327  
US

ROUTE 2 BOX 4398 - 79  
CRAWFORDVILLE FL 32327  
US

3. Date Incorporated or Qualified  
03/23/1981

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 125 ROYSTER DR.

26 125 ROYSTER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CRAWFORDVILLE, FL

28 CRAWFORDVILLE, FL

24 Zip Country  
32327 US

29 Zip Country  
32327 US

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

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME TENEWITZ, JOHN H  
STREET ADDRESS RT 2 BOX 4398-79  
CITY-ST-ZIP CRAWFORDVILLE FL

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

TITLE TD ☐ DELETE  
NAME COXEN, DAYLE  
STREET ADDRESS RT 2 BOX 4396  
CITY-ST-ZIP CRAWFORDVILLE FL

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

TITLE SGD ☐ DELETE  
NAME MORRIS, TILLEY  
STREET ADDRESS RT 2 BOX 4398-80  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME COXEN, DAYLE  
3.3 STREET ADDRESS 125 ROYSTER DR.  
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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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:

DAYLE COXEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 (904) 414-4214

Date

Daytime Phone #

CR2E037 (12/95)