


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 125 ROYSTER DR CRAWFORDVILLE FL 32327 US		Mailing Address 125 ROYSTER DR CRAWFORDVILLE FL 32327 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent BROADWAY, DUANE C 57 ROYSTER DR CRAWFORDVILLE FL 32327		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	BROADWAY, DUANE		
STREET ADDRESS	57 ROYSTER DR		
CITY-ST-ZIP	CRAWFORDVILLE FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	CLYATT, JAMES		
STREET ADDRESS	154 ROYSTER DR		
CITY-ST-ZIP	CRAWFORDVILLE FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	COXEN, DAYLE		
STREET ADDRESS	125 ROYSTER DR		
CITY-ST-ZIP	CRAWFORDVILLE FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	CHRISTENSEN, CATHY		
STREET ADDRESS	30 ROYSTER DR		
CITY-ST-ZIP	CRAWFORDVILLE FL		
TITLE	SGD	<input type="checkbox"/> DELETE	
NAME	MORRIS, TILLEY		
STREET ADDRESS	50 ROYSTER DR		
CITY-ST-ZIP	CRAWFORDVILLE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Duane C Broadway **SIGNATURE REQUIRED** 1/18/98 926-1576

CR2E037 (10/97)