FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

756886

(8)

SHELL POINT HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 125 ROYSTER DR CRAWFORDVILLE FL 32327 US 2. Principal Place of Business 21 Suite, Apt. #, etc. Mailing Address 125 ROYSTER DR CRAWFORDVILLE FL 32327 US 2. Principal Place of Business 2. Suite, Apt. #, etc. Suite, Apt. #, etc.

Jan 27 1998 8:00am Secretary of State

FILED



Applied For

3. Date Incorporated or Qualified

03/23/1981

4. FEI Number

1						59-2162921		1	vot Applicable	
2. Principal	Place of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Suite, Ap	t. # etc.	Suite, Apt. #, etc.				6. Election Campaign Financing			May Be	
22	27					Trust Fund Contribution	٦		to Fees	
Clty & Sta	nto		City & State			7. Is this nonprofit corporation a home				
— ′	nc	28	.,			7. Is this horiprofit corporation a notife	es 🔲	No No	10111 <u> </u>	
Zip	Country	Zíp	Coun	itrv		8. This corporation owes or has paid the current year Intangible			stangible	
<u> </u>	25	29	30		ļ	Personal Property Tax due June 30	_	Yes	No	
24	9. Name and Address of Curren		30			10. Name and Address of New Regis				
3, Maine and Address of Outsett registered Agent					Name	10. Hallo tile Flagio				
BRAINING BUILD OF THE					81 Name					
BROADWAY, DUANE C			1	82 Street Address (P.O. Box Number is Not Acceptable)						
57 ROYSTER DR			ļ.	20						
CRAWFORDVILLE FL 32327			3	83						
			8	84	City			85 Zi	Code C	
					•		FLI			
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 ager	nt and title if applicable. (NO)	E: Registered	Agent	nt signature required	when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER	S AND D	IRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITL	E				Change	Addition	
NAME	BROADWAY, DUANE		1.2 NAM	νIE						
STREET ADDRESS	CT DOVOTED DO				ADDRESS					
	CRAWFORDVILLE FL		1.4 C(T)					-		
CITY-ST-ZIP	VD	DELETE	2.1 TITL		- Lie		. [Change	Addition	
1	CLYATT, JAMES		2.2 NAM							
NAME	45 COVOTED DO									
STREET ADDRESS	CRAWFORDVILLE FL			2.3 STREET ADDRESS						
CITY-ST-ZIP		- DELETE	2. 4 CIT		- ZIP			Change	Addition	
TITLE	TD COVEN DAVIE			3.1 TITLE			-	_ Orange	Addition:	
NAME			3.2 NAM							
STREET ADDRESS			3.3 STH	3.3 STREET ADDRESS						
CITY-ST-ZIP	CRAWFORDVILLE FL		3.4. CITY-		-ZIP				T 4 3 655	
TITLE	SD	DELETE .	4.1 TITL	E	ļ		L	Change	Addition	
NAME	CHRISTENSEN, CATHY		4. 2 NA	ME						
STREET ADDRESS	30 ROYSTER DR		4.3 STR	IEET A	ADDRESS					
CITY-ST-ZIP	CRAWFORDVILLE FL		4.4 CITY	Y-ST-	-ZIP					
TITLE	SGD	DELETE	5.1 TITL	E				Change	Addition	
NAME	MORRIS, TILLEY		5.2 NAW	ΛE						
STREET ADDRESS	TO DOVOTED DO				NDDRESS					
CITY-ST-ZIP	CRAWFORDVILLE FL		5.4 CITY							
TITLE	OTTO TO THE TENT	DELETE	6.1 TITL				1	Change	Addition	
1			6.2 NAW				_			
NAME					NDDDEEC					
STREET ADDRESS			- 1		ADDRESS					
CITY~ST-ZIP	i e		6.4 CITY	Y-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 chapted, or on an attachment with an address.

SIGNATURE:

LUGICA KOTORTOLINE

1/18/98 92

926-1576