

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 031 ****70.00

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03032007 Chg-NP CR2E037 (12/06)

DOCUMENT # 756886 1. Entity Name SHELL POINT HARBOR PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 64 ROYSTER DR CRAWFORDVILLE, FL 32327 US		Mailing Address 64 ROYSTER DR CRAWFORDVILLE, FL 32327 US	
2. Principal Place of Business - No P.O. Box # 145 Royster Dr. Suite, Apt. #, etc.		3. Mailing Address 145 Royster Dr. Suite, Apt. #, etc.	
City & State Crawfordville, FL Zip 32327		City & State Crawfordville, FL Zip 32327	
Country US		Country US	
4. FEI Number 59-2162921		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEATON, ROBERT MR. 64 ROYSTER DRIVE CRAWFORDVILLE, FL, FL 32327		7. Name and Address of New Registered Agent Name Dede Wells Street Address (P.O. Box Number is Not Acceptable) 145 Royster Dr. Crawfordville City FL Zip Code 32327	
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 <i>Kiana Mills</i> DATE 3/2/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BEATON, ROBERT	TITLE	PD Wells, Dede
NAME		NAME	
STREET ADDRESS	64 ROYSTER DR.	STREET ADDRESS	145 Royster Dr.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S WEBSTER, CINDY	TITLE	
NAME		NAME	
STREET ADDRESS	125 ROYSTER DR	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SGD BROADWAY, DUANE	TITLE	
NAME		NAME	
STREET ADDRESS	57 ROYSTER DR	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Kiana Mills</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-2-07 Daytime Phone # 850-926-7275	