

FILED

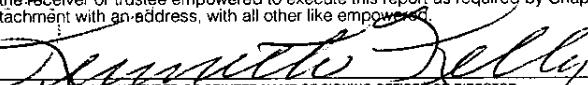
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90023 050 ****61.25

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01292004 Chg-NP CR2E037 (10/03)

DOCUMENT # 766387					
1. Entity Name SHELL HARBOR INN RESORT & CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 937 EAST GULF DRIVE SANIBEL, FL 33957 US			Mailing Address 937 EAST GULF DRIVE SANIBEL, FL 33957 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2378026	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY - ST - ZIP	PD SLAWSON, MARTIN 13148 MEERGATE CIR ORLANDO, FL 32837	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD John Holman 4036 Braeburn Muskegon MI 49441	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LOGAN, LINDA 927 GULF DR SANIBEL, FL 33959	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Kenneth Kelly 205 Spectacle Dr Valparaiso, IN 46383	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOLMAN, JOHN 4036 BREABURN DR MUSKEGON, MI 49441	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD William Harrison 2812 Humboldt Aves Minneapolis, MN 55408	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 2/17/04 Daytime Phone #: 239-472-7608		