
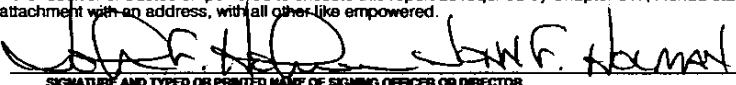


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90154 042 ****61.25

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	02092005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2378026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLMAN, JOHN		NAME		
STREET ADDRESS	4036 BRAEBURN		STREET ADDRESS		
CITY-ST-ZIP	MUSKEGON, MI 49441		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, KENNETH		NAME	KENNETH, KELLY	
STREET ADDRESS	295 SPECTACLE DR.		STREET ADDRESS	P.O. BOX 1418	
CITY-ST-ZIP	VALPARAISO, IN 46283		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, WILLIAM		NAME		
STREET ADDRESS	2812 HUMBOLOT AVE S		STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS, MN 55408		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ROTTINI, PHILIP	
STREET ADDRESS			STREET ADDRESS	467 WINDEOR RD	
CITY-ST-ZIP			CITY-ST-ZIP	WOODRIDGE, NJ. 070705	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	WAIDELUCK, JOHN	
STREET ADDRESS			STREET ADDRESS	7003 RIDGEWOOD LN	
CITY-ST-ZIP			CITY-ST-ZIP	LAMBERTVILLE, MI 48144	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  John F. Holman 2/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Handwritten notes:
 BIC
 BMD.
 11-05
 1155 \$30.63
 2155 \$30.62