


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N16971 1. Entity Name SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, INC.	
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Principal Place of Business 1 ELEVENTH AVE SHALIMAR CENTRE' E-2 SHALIMAR, FL 32579 US	Mailing Address SHALIMAR CENTRE PO BOX 235 FORT WALTON BEACH, FL 32549 US
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04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2885294	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WHITE, RICHARD J. 91 COUNTRY CLUB RD. SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000937740 05/27/08-80055-021 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYETTE, WAYNE T 121 DOODLE STREET FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, C. WAYNE 121 DOODLE STREET FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DMD GOODPASTER, HOWARD T 101 POQUITO ROAD SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISER, JAMES R 611 N OVERBROOK DRIVE FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u>C. Wayne Jones, PO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Apr 29, 2008</u> <small>Date</small>	<u></u> <small>Daytime Phone #</small>
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