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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22390

1. Corporation Name
SHALIMAR POINTE OWNERS ASSOCIATION, INC.

Principal Place of Business PO BOX 1096 SHALIMAR FL 32579 US	Mailing Address P O BOX 1096 SHALIMAR FL 32579 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/08/1987	4. FEI Number 59-3139893-	Applied For - - Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GODWIN, SHARON 865 THE MASTERS BLVD SHALIMAR FL 32579				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Sharon Godwin* DATE: **11 MAR 99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GODWIN, SHARON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	865 THE MASERS BLVD	1.2 NAME	
STREET ADDRESS	SHALIMAR FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP BURGER, JACK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	923 MASTERS BLVD.	2.2 NAME	
STREET ADDRESS	SHALIMAR FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DT STETLER, WILLIAM	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	921 SHALIMAR POINTE DR	3.2 NAME	
STREET ADDRESS	SHALIMAR FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP HARRINGTON, BARBARA	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	928 SHALIMAR POINTE DR	4.2 NAME	VP
STREET ADDRESS	SHALIMAR FL	4.3 STREET ADDRESS	BERND BOYT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	833 CHOCTAW LANE
TITLE	D HUFFMAN, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	935 SHALIMAR POINTE DR	5.2 NAME	
STREET ADDRESS	SHALIMAR FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Huffman* DATE: **11 MAR 99** DAYTIME PHONE #: **850-651-1635**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)