FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 11 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48902 (3)

1. Corporation Name

THE SHELLS ON SIESTA KEY CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
221 TENACITY LN SARASOTA FL 34242 US	221 TENACITY LN SARASOTA FL 34242 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0363836 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOMBARDI, GENE
221 TENACITY LN
SARASOTA FL 34242

10. Name and Address of New Registered Agent

61 Name: Julia B. Craven
62 Street Address (P.O. Box Number is Not Acceptable): 221 Tenacity Lane
63
64 City: Sarasota FL 65 Zip Code: 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Julia Craven, Julia Craven, President, 221 Tenacity Lane DATE: 3/15/95
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	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	ALSOP, ROBERT	1.2 NAME	John O'Brien	
STREET ADDRESS	310 BEACH RD	1.3 STREET ADDRESS	306 Beach Road	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	LOMBARDI, MARLANE	2.2 NAME	Julia Craven	
STREET ADDRESS	221 TENACITY LN	2.3 STREET ADDRESS	221 Tenacity Lane	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SALA, ERNEST	3.2 NAME	Robert McKnight	
STREET ADDRESS	312 BEACH ROAD	3.3 STREET ADDRESS	312 Beach Road	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	If Resold By Bank	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Julia Craven, Julia Craven 3/15/95 813-346-5046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018000