

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 721943

**Entity Name:** SHELTER COVE RESORT CONDOMINIUM, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779

**Current Mailing Address:**

2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 US

**FEI Number:** 59-2396951

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 US

*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.*

**SIGNATURE:** BRADLEY POMP

03/23/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            NOE, PHILIP M  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            VP, DIRECTOR  
Name            POELKING, JOE  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY, DIRECTOR  
Name            WALTERS, JULIE  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            TREASURER, DIRECTOR  
Name            BECKER, PHILLIS  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            WILLIS, SCOTT  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            VAN KIRK, WILLIAM  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            OSTEEN, KENNETH  
Address        2180 WEST SR 434 STE 5000  
City-State-Zip: LONGWOOD FL 32779

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHILIP M NOE

PRESIDENT

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date