

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732268

Entity Name: SHOCKLEY HILL CLUB INC.**Current Principal Place of Business:**20325 BLUE WING ROAD
ALTOONA, FL 32702**Current Mailing Address:**P. O. BOX 583
ALTOONA, FL 32702 US**FEI Number:** 59-1647615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORDMARK, CHRISTINE
47124 EAST DEER RD
ALTOONA, FL 32702 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:** CHRISTINE NORDMARK

01/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ROGERS, PHILIP
Address 20407 WOODDUCK RD
City-State-Zip: ALTOONA FL 32702

Title TREASURER
Name ROGERS, DEBBIE
Address 20407 WOODDUCK ROAD
City-State-Zip: ALTOONA FL 32702

Title VP
Name BELT, REVA
Address 47319 BEAR CLAW RD
City-State-Zip: ALTOONA FL 32702

Title SECRETARY
Name NORDMARK, CHRISTINE
Address 47124 EAST DEER ROAD
City-State-Zip: ALTOONA FL 32702

Title TRUSTEE
Name NORDMARK, STEPHEN B
Address 47124 EAST DEER ROAD
City-State-Zip: ALTOONA FL 32702

Title TRUSTEE
Name BLOYS, ROSALIE
Address 20414 GADWELL RD
City-State-Zip: ALTOONA FL 32702

Title TRUSTEE
Name BELT, DAVID
Address 47319 BEAR CLAW RD
City-State-Zip: ALTOONA FL 32702

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: CHRISTINE NORDMARK**SECRETARY**

01/22/2022

Electronic Signature of Signing Officer/Director Detail

Date