

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16971

Entity Name: SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, INC.

Current Principal Place of Business:

6 ELEVENTH AVE
STE G-4
SHALIMAR, FL 32579

Current Mailing Address:

SHALIMAR CENTRE
PO BOX 235
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-2885294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYETTE, WAYNE TSR
318 SANTA ROSA BLVD
UNIT W-701
FORT WALTON BEACH, FL 32548 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name BOYETTE, WAYNE T
Address 381 SANTA ROSA BLVD, UNIT W-701
City-State-Zip: FORT WALTON BEACH FL 32548

Title PD
Name CNCW INVESTMENT PARTNERSHIP I
LTD
Address 184 TWELVE OAKS LANE
City-State-Zip: FREEPORT FL 32439

Title DMD
Name GOODPASTER, HOWARD T
Address 101 POQUITO ROAD
City-State-Zip: SHALIMAR FL 32579

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: JENEE LIRETTE

BOOKKEEPER

04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date