

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383983

Entity Name: CONTINENTAL SHELF ASSOCIATES, INC.**Current Principal Place of Business:**8502 SW KANSAS AVE.
STUART, FL 34997**Current Mailing Address:**8502 SW KANSAS AVE.
STUART, FL 34997 US**FEI Number:** 64-0508505**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PETERSON, KEVIN
8502 SW KANSAS AVE
STUART, FL 34997 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 BOARD MEMBER
Name STEVENS, SARAH S
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title SECRETARY
Name AYER, FREDERICK BII
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title CEO - CHAIRMAN
Name PETERSON, KEVIN
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title BOARD MEMBER
Name GETTLESON, DAVID A
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title BOARD MEMBER
Name WHITE, DANIEL
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title BOARD MEMBER
Name MULCAHY, ROBERT
Address 8502 SW KANSAS AVE.
City-State-Zip: STUART FL 34997

Title BOARD MEMBER
Name BYOUS, JAMES
Address 8502 SW KANSAS AVENUE
City-State-Zip: STUART FL 34997

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN PETERSON**CEO****01/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date