

ANNUAL REPORT

DOCUMENT # 719231

1. Entity Name
SHOCKLEY HEIGHTS COMMUNITY CLUB, INC.



FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 025 ****61.25

Principal Place of Business
19805 CARNATION
ALTOONA, FL 32702 US

Mailing Address
19900 CARNATION ROAD
ALTOONA, FL 32702 US



DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1700297

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

BEDFORD, MARY
19900 CARNATION ROAD
ALTOONA, FL 32702

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary B. Bedford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PHILLIPS, BILL
STREET ADDRESS	19830 MAGNOLIA RD.
CITY-ST-ZIP	ALTOONA, FL 32702
TITLE	VP
NAME	BALL, JOE
STREET ADDRESS	PO BOX 863
CITY-ST-ZIP	ALTOONA, FL 32702
TITLE	SD
NAME	BLEDSE, JEWEL
STREET ADDRESS	47608 POINSETTIA RD.
CITY-ST-ZIP	ALTOONA, FL 00000
TITLE	TR
NAME	BEDFORD, MARVIN C
STREET ADDRESS	19900 CARNATION
CITY-ST-ZIP	ALTOONA, FL 32702
TITLE	T
NAME	BEDFORD, MARY
STREET ADDRESS	19900 CARNATION ROAD
CITY-ST-ZIP	ALTOONA, FL 32702
TITLE	TR
NAME	GOODY, CHARLES
STREET ADDRESS	19726 CARNATION ROAD
CITY-ST-ZIP	ALTOONA, FL 32702

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary B. Bedford - MARY B. BEDFORD

3/10/06

352-669-8802