

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 719231**

1. Entity Name  
**SHOCKLEY HEIGHTS COMMUNITY CLUB, INC.**



Principal Place of Business

**19805 CARNATION  
ALTOONA, FL 32702 US**

Mailing Address

**19900 CARNATION ROAD  
ALTOONA, FL 32702 US**



02172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1700297**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. 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

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, BILL 19830 MAGNOLIA RD. ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEELE, GEORGE 19805 CARRATON ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLEDSOE, JEWEL 47608 POINSETTIA RD. ALTOONA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BEDFORD, MARVIN C 19900 CARNATION ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEDFORD, MARY 19900 CARNATION ROAD ALTOONA, FL 32702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GOODY, CHARLES 19726 CARNATION ROAD ALTOONA, FL 32702

U00000643902  
03/02/07-80020-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07 352669-8802  
Date Daytime Phone #