2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 719231

Entity Name: SHOCKLEY HEIGHTS COMMUNITY CLUB, INC.

Current Principal Place of Business:

19805 CARNATION
ALTOONA, FL 32702 US

New Principal Place of Business:

Current Mailing Address:

19900 CARNATION ROAD
ALTOONA, FL 32702 US

New Mailing Address:

FEI Number: 59-1700297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEDFORD, MARY
19900 CARNATION ROAD
ALTOONA, FL 32702 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STEELE, GEORGE	
Address:	47611 HIBISCUS RD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	VP	( ) Delete
Name:	PRUETT, WILLIAM	
Address:	47551 HIBISCUS RD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	SD	( ) Delete
Name:	BLEDSOE, JEWEL,	
Address:	47608 POINSETTIA RD.	
City-St-Zip:	ALTOONA, FL 00000,	
Title:	TR	( ) Delete
Name:	BEDFORD, MARVIN C	
Address:	19900 CARNATION	
City-St-Zip:	ALTOONA, FL 32702	
Title:	T	( ) Delete
Name:	BEDFORD, MARY	
Address:	19900 CARNATION ROAD	
City-St-Zip:	ALTOONA, FL 32702	
Title:	TR	( ) Delete
Name:	GOODY, CHARLES	
Address:	19726 CARNATION ROAD	
City-St-Zip:	ALTOONA, FL 32702	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY BEDFORD T 01/13/2009

Electronic Signature of Signing Officer or Director — Date