

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721943

FILED  
Apr 19, 2007  
Secretary of State

Entity Name: SHELTER COVE RESORT CONDOMINIUM, INC.

## Current Principal Place of Business:

LELAND MANAGEMENT  
8009 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

## New Principal Place of Business:

## Current Mailing Address:

LELAND MANAGEMENT  
8009 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

## New Mailing Address:

FEI Number: 59-2396951      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.  
8009 SOUTH ORANGE AVE.  
ORLANDO, FL 32809 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: P ( ) Delete  
Name: TULLOCK, DONALD  
Address: 11485 POWHATON  
City-St-Zip: LAKEVIEW, OH 43331

Title: VP ( ) Delete  
Name: RICE, JAMES  
Address: 6195 PARKWAY EAST  
City-St-Zip: SAINT CLOUD, FL 34771

Title: ST ( ) Delete  
Name: CATRON, ROBERT  
Address: 10826 CATRON ROAD  
City-St-Zip: PERRY HALL, MD 21128

Title: TR ( ) Delete  
Name: CAMPBELL, GALEN  
Address: 324 SYCAMORE STREET  
City-St-Zip: OLNEY, IL 62450

Title: D ( ) Delete  
Name: HEATH, BRENT  
Address: 423 SQUIRREL HILL ROAD  
City-St-Zip: CHENANGO FORKS, NY 13746

Title: D ( ) Delete  
Name: RAGER, ROGER  
Address: 6167 PARKWAY EAST  
City-St-Zip: ST CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAMPBELL, GALEN  
Address: 115 W NORTH AVENUE  
City-St-Zip: OLNEY, IL 62450

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

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

Title: TR (X) Change ( ) Addition  
Name: TULLOCK, DONALD  
Address: 6169 DEEPWATER DRIVE  
City-St-Zip: ST CLOUD, FL 34771

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 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: GALEN CAMPBELL

P

04/19/2007

Electronic Signature of Signing Officer or Director

Date