2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721943

FILED Apr 22, 2009 Secretary of State

Entity Name: SHELTER COVE RESORT CONDOMINIUM, INC.

Current Principal Place of Business:				New Principal Place of Business:		
LELAND MANAGEMENT 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 US Current Mailing Address:				LELAND MANAGEMENT 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 US New Mailing Address:		
FEI Number	: 59-2396951	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Nam	e and Address	of New Registered Agent:	
LELAND MANAGEMENT, INC. 5955 T. G LEE BLVD SUITE 300 ORLANDO, FL 32822 US				LELAND MANAGEMENT, INC. 6972 LAKE GLORIA BLVD ORLANDO, FL 32809 US		
	named entity e of Florida.	submits this statement for the	purpose of chan	ging its register	red office or registered agent, or both,	
SIGNATURE:					04/22/2009	
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P (MEMMER, RO 5401 ASTOR S LEESBURG, F	ST	Title: Name: Addres City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RAGER, ROGI 6167 PARKWA ST.CLOUD, FL	AY EAST	Title: Name: Addre: City-S	ss: 625 E. IRI	(X) Change()Addition DRDON LO BRONSON HWY D, FL 34771	
Title: Name: Address: City-St-Zip:	ST (FELLOWS, LY 1395 PINE ISL ST. CLOUD, F	AND DR	Title: Name: Addre: City-S	ss: 1379 MAII	(X) Change()Addition CAMPBELL NSAIL LANE JD, FL 34771	
Title: Name: Address: City-St-Zip:	TR (TULLOCK, DC 6169 DEEPW, ST CLOUD, FL	ATER DRIVE	Title: Name: Addre: City-S	ss: 6169 DEE	(X) Change () Addition C, DONALD EPWATER DRIVE D, FL 34771	
Title: Name: Address: City-St-Zip:	D (WILLIS, PAT 21601 JOHN E ROGERS, MN		Title: Name: Addre: City-S	ss:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GORDON, GR	BRONSON HWY	Title: Name: Addre: City-S	ss:	() Change () Addition	

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: ROGER MAMMER PD 04/22/2009