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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723144** (2)

1. Corporation Name

SHELL POINT CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**6300 FLOTILLA DRIVE
HOLMES BCH FL 34217**

Mailing Address

**6300 FLOTILLA DRIVE
HOLMES BCH FL 34217**



3. Date Incorporated or Qualified

04/12/1972

4. FEI Number

59-1574409

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VAN DYKE, ROBERT
6300 FLOTILLA DRIVE # 71
6300 FLOTILLA DR 101
HOLMES BCH FL 34217**

81 Name **Ed Hollins**

82 Street Address (P.O. Box Number is Not Acceptable)

6300 Flotilla Dr. #98

83 **Holmes Beach, FL 34217**

84 City **Holmes Beach,**

85 Zip Code **FL 34217**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **HOLLINS, ED**
STREET ADDRESS **6300 FLOTILLA DR # 98**
CITY-ST-ZIP **HOLMES BCH, FL 00000**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KLASING, ANN**
STREET ADDRESS **6300 FLOTILLA DR 82**
CITY-ST-ZIP **HOLMES BCH FL**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HANDZEL, JOSEPH**
STREET ADDRESS **6 MARIANA LN**
CITY-ST-ZIP **OCEAN CITY NJ**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **FATHKE, WALTER**
STREET ADDRESS **6300 FLOTILLA DR. #103**
CITY-ST-ZIP **HOLMES BCH, FL 00000**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **George Hieber**
4.3 STREET ADDRESS **6300 Flotilla Dr. #94**
4.4 CITY-ST-ZIP **Holmes Beach, FL 34217**

TITLE **PD** ☒ DELETE
NAME **VAN DYKE, ROBERT**
STREET ADDRESS **4395 RAINBOW LN**
CITY-ST-ZIP **WHITE CLOUD MI**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **RUSSELL, CLAYTON**
STREET ADDRESS **1835 CROSS BEND RD NE**
CITY-ST-ZIP **GRAND RAPIDS MI**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ann C. KLASING

3/11/98

CR2E037 (1097)