

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723144

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1574409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINS, ED
6300 FLOTILLA DR, APT 98
6300 FLOTILLA DR 101
HOLMES BEACH FL 34217

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME KLASING, ANN
STREET ADDRESS 6300 FLOTILLA DR 82
CITY-ST-ZIP HOLMES BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HIEBER, GEORGE
STREET ADDRESS 6300 FLOTILLA DR, #94
CITY-ST-ZIP HOLMES BEACH FL 34217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90039 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)