


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90040 038 \*\*\*\*61.25

<b>DOCUMENT # 723144</b> 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	01122004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1574409	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PD	HOLLINS, ED	6300 FLOTILLA DR # 98	HOLMES BCH, FL 00000,	<input checked="" type="checkbox"/> Delete	
STD	KLASING, ANN	6300 FLOTILLA DR 82	HOLMES BCH, FL	<input type="checkbox"/> Delete	
D	HANDZEL, JOSEPH	6 MARIANA LN	OCEAN CITY, NJ	<input type="checkbox"/> Delete	
D VP	HIEBER, GEORGE	6300 FLOTILLA DR, #94	HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
<b>SIGNATURE:</b> <i>Ann C. Klasing</i> <span style="float: right;">1/13/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					