

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90362 006 ****61.25

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

01252006

Chg-NP

CR2E037 (11/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
GALLAGHER, WILLIAM
33 AIDERBROOK DRIVE
TOPSFIELD, MA 01983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GEWIRTE, FED
6300 FLOTILLA DRIVE #93
HOLMES BEACH, FL 34217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BEN SPILLANE
6300 FLOTILLA DR. #73
HOLMES BCH, FL 34217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNIS McELWANE
6300 FLOTILLA DR. #106
HOLMES BCH, FL 34217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRANK VIKINGSTAD
6300 FLOTILLA DR. #86
HOLMES BCH, FL 34217** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Robert Dickson
6300 FLOTILLA DR. #98
HOLMES BCH, FL 34217** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.P. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/28/06

Date

941.779.2025

Daytime Phone #