


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 015 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-1574409
5. Certificate of Status Desired <input type="checkbox"/>					Applied For Not Applicable
6. Name and Address of Current Registered Agent HOLLINS, ED 6300 FLOTILLA DR, APT 98 6300 FLOTILLA DR 101 HOLMES BEACH, FL 34217					7. Name and Address of New Registered Agent Name ROBERT MCGLYNN Street Address (P.O. Box Number is Not Acceptable) 6300 FLOTILLA DR. #111 City Holmes Beach, FL
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.					Zip Code 34217
SIGNATURE <u><i>Robert McGlynn</i></u> 11/10/06 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKENSON, ROBERT 6300 FLOTILLA DR. N 98 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, WILLIAM 33 AIDERBROOK DRIVE TOPSFIELD, MA 01983	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALLAGHER, WILLIAM 6300 FLOTILLA DR. # 70 HOLMES Bch, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GEWIRTE, FED 6300 FLOTILLA DRIVE #93 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEWIRTZ, FRED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPILLAVE, BEN 6300 PLOTILLA DR. #73 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELWAINE, DENNIS 6300 FLOTILLA DR #106 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIKINGSTAD, FRANK 6300 FLOTILLA DR #86 HOLMES BEACH, FL 34217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Frederick A Gewirtz</i></u> 1/18/07 941-778-1427 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					