

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 003 ****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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

**MCGLYNN, ROBERT
6300 FLOTILLA DR, #111
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 is required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	DICKENSON, ROBERT	
STREET ADDRESS	6300 FLOTILLA DR. N 98	
CITY- ST- ZIP	HOLMES BEACH FL 34217	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GALLAGHER, WILLIAM	
STREET ADDRESS	6302 FLOTILLA DRIVE #70	
CITY- ST- ZIP	HOLMES BEACH FL 34217	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GEWIRTZ, FRED	
STREET ADDRESS	6300 FLOTILLA DRIVE #93	
CITY- ST- ZIP	HOLMES BEACH FL 34217	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SPILLAVE, BEN	
STREET ADDRESS	6300 FLOTILLA DR. #73	
CITY- ST- ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELWAIN, DENNIS	
STREET ADDRESS	6300 FLOTILLA DR #106	
CITY- ST- ZIP	HOLMES BEACH FL 34217	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIKINGSTAD, FRANK	
STREET ADDRESS	6300 FLOTILLA DR #86	
CITY- ST- ZIP	HOLMES BEACH FL 34217	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William Gallagher* William Gallagher

1/30/08 941-779-2025