## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#723144** 

FILED Apr 17, 2009 Secretary of State

Entity Name: SHELL POINT CONDOMINIUM ASSOCIATION, INC

**Current Principal Place of Business: New Principal Place of Business:** 6300 FLOTILLA DRIVE HOLMES BCH, FL 34217 **Current Mailing Address: New Mailing Address:** 6300 FLOTILLA DRIVE 6300 FLOTILLA DRIVE HOLMES BCH, FL 34217 #111 HOLMES BCH, FL 34217 FEI Number: 59-1574409 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCGLYNN, ROBERT 6300 FLOTILLA DR, #111 HOLMES BEACH, FL 34217 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GALLAGHER, WILLIAM Name: Name: 6302 FLOTILLA DRIVE #70 Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: GEWIRTZ, FRED Name: WILKINGSON, DAVID Address: 6300 FLOTILLA DRIVE #93 Address: 6300 FLOTILLA DRIVE #82 City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: () Change () Addition MCELWAINE, DENNIS Name: Name: 6300 FLOTILLA DR #106 Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: DS ( ) Delete Title: DVP (X) Change ( ) Addition VIKINGSTAD, FRANK Name: VIKINGSTAD, FRANK Name: Address: 6300 FLOTILLA DR #86 Address: 6300 FLOTILLA DR #86 City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: DS ( ) Change (X) Addition ANDERSON, SUSAN Name: Name: 6300 FLOTILLA DRIVE #105 Address: Address: City-St-Zip: City-St-Zip: HOLMES BEACH, FL 34217 Title: () Delete Title: ( ) Change (X) Addition HUDKINS, GARY Name: Name: Address: Address: 6300 FLOTILLA DRIVE #91 HOLMES BEACH, FL 34217 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM GALLAGHER DP 04/17/2009