

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90149 025 \*\*\*\*61.25

**DOCUMENT # 723728**

1. Entity Name  
**SHELL HARBOR PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1001 KINGS CROW DR  
SANIBEL, FL 33957 US**

Mailing Address  
**PO BOX 333  
SANIBEL, FL 33957 US**

**50012102**



2. Principal Place of Business  
**805 Sand Dollar Drive**

3. Mailing Address

03222006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sanibel, FL**

City & State

4. FEI Number  
**59-1984184**

Applied For  
Not Applicable

Zip  
**33957**

Country  
**USA**

Zip

Country

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

**DAVIS, IVAN D --  
1000 KINGS CROWN DR  
SANIBEL, FL-33957 --**

Name  
**Richard C. Cohan**  
Street Address (P.O. Box Number is Not Acceptable)  
**805 Sand Dollar Drive**

City **Sanibel** **FL** Zip Code **33957**

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 *Richard C Cohan* **President**

**4/10/06**

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 **P** ☒ Delete  
NAME **SMITH, BART**  
STREET ADDRESS **775 SAND DOLLAR DR**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **T** ☒ Delete  
NAME **DAVIS, IVAN D**  
STREET ADDRESS **1001 KINGS CROWN DR**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☐ Delete  
NAME **DEMAREE, DAVID**  
STREET ADDRESS **781 PEN SHELL DR**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **DS** ☒ Delete  
NAME **NELSON, SHARON**  
STREET ADDRESS **905 LIMPET DR**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **DD** ☒ Delete  
NAME **SIRKIN, JOYCE**  
STREET ADDRESS **930 PERTEN CRT**  
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **DT** ☐ Delete  
NAME **ZOHOVACHEK, SANDW**  
STREET ADDRESS **902 LIMPOT DR**  
CITY-ST-ZIP **SANIBEL, FL 33957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Richard C. Cohan**  
STREET ADDRESS **805 Sand Dollar Drive**  
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME **Sandy Zahorchak**  
STREET ADDRESS **902 Limpet Drive**  
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Joyce Sirkin**  
STREET ADDRESS **930 Pecten Court**  
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Don Korn**  
STREET ADDRESS **780 Beach Road**  
CITY-ST-ZIP **Sanibel, FL 33957**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Doug Mallon**  
STREET ADDRESS **791 Sand Dollar Drive**  
CITY-ST-ZIP **Sanibel, FL 33957**

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: *Richard C Cohan* **President** **4/10/06**

**239-472-3785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #