

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 732268</b> 1. Entity Name <b>SHOCKLEY HILL CLUB INC.</b>	
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Principal Place of Business <b>20335 BLUE WING ROAD ALTOONA FL 32702 US</b>	Mailing Address <b>P. O. BOX 583 ALTOONA FL 32702 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-1647615</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> <b>BLOYS, ROSALIE 20414 GADWELL ROAD ALTOONA FL 32702</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, LEE	NAME	
STREET ADDRESS	20245 CANVAS BACK RD.	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMEYN, BETTY	NAME	
STREET ADDRESS	20245 CANVAS BACK ROAD	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOYS, ROSALIE	NAME	
STREET ADDRESS	20414 GADWELL RD	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, FLO	NAME	
STREET ADDRESS	47220 DEER RD	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAMES	NAME	
STREET ADDRESS	47220 DEER RD	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	CITY - ST - ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIES, MARGE	NAME	
STREET ADDRESS	20335 BLUE WING RD	STREET ADDRESS	
CITY - ST - ZIP	ALTOONA FL 32702	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:** Rosalie Bloys **ROSALIE BLOYS, TREASURER**      2/12/07      352-669-3635