

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732268

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SHOCKLEY HILL CLUB INC.

## Current Principal Place of Business:

20335 BLUE WING ROAD  
ALTOONA, FL 32702 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 583  
ALTOONA, FL 32702 US

## New Mailing Address:

FEI Number: 59-1647615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOYS, ROSALIE  
20414 GADWELL ROAD  
ALTOONA, FL 32702 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: ROMEYN, BETTY  
Address: 20417 CANVAS BACK RD  
City-St-Zip: ALTOONA, FL 32702

Title: TR ( ) Delete  
Name: COLE, WENDELL  
Address: 20341 BLUE WING RD  
City-St-Zip: ALTOONA, FL 32702

Title: T ( ) Delete  
Name: BLOYS, ROSALIE  
Address: 20414 GADWELL RD  
City-St-Zip: ALTOONA, FL 32702

Title: S ( ) Delete  
Name: WATSON, FLO  
Address: 47220 DEER RD  
City-St-Zip: ALTOONA, FL 32702

Title: TR ( ) Delete  
Name: WATSON, JAMES  
Address: 47220 DEER RD  
City-St-Zip: ALTOONA, FL 32702

Title: TR ( ) Delete  
Name: FRICK, ROSE  
Address: 20253 BLUE WING RD  
City-St-Zip: ALTOONA, FL 32702

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROSALIE BLOYS

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date