## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737395** 

FILED Apr 04, 2008 Secretary of State

Entity Name: PINK SHELL VACATION VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
100 ESTE FORT MY	RO BLVD. ERS BEACH, F	L 33931			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	N CARLOS BLV S, FL 33908	/D #8			
FEI Number	: 59-1733086	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
15751 SAN	DR & ASSOC. N CARLOS BLV ERS, FL 33908				
	named entity s e of Florida.	ubmits this statement for the p	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electron	c Signature of Registered Ag	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
OFFICER: Title: Name: Address: City-St-Zip:		Delete RT W MR LVD. #635	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	
Title: Name: Address:	S/T () HALLER, ROBE 100 ESTERO BI FT. MYERS BEA  D () RYFFEL, CARLI 100 ESTERO BO	Delete RT W MR LVD. #635 LCH, FL 33931 Delete	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S/T () HALLER, ROBE 100 ESTERO BI FT. MYERS BEA  D () RYFFEL, CARLI 100 ESTERO BI FORT MYERS E  D () LUCAS, CARRIE	Delete RT W MR VD. #635 NCH, FL 33931  Delete ETON MR DULEVARD #434 NEACH, FL 33931  Delete ETON BLUD #1603	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	S/T () HALLER, ROBE 100 ESTERO BI FT. MYERS BEA  D () RYFFEL, CARLI 100 ESTERO BI FORT MYERS E  D () LUCAS, CARRIE 12601 MASTIQU FT MYERS, FL  P () BRADLEY, CAR	Delete RT W MR LVD. #635 LCH, FL 33931  Delete ETON MR DULEVARD #434 EACH, FL 33931  Delete E UE BEACH BLVD #1603 33908  Delete L DULEVARD # 535	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

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: C.R. MIDDLETON MGR 04/04/2008