


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90263 026 ****61.25

DOCUMENT# 743782 1. Entity Name SHELL ISLE CONDOMINIUM, INC.					
Principal Place of Business PANAMA COURT P.O. BOX 1944 MARCO ISLAND, FL 33969			Mailing Address PANAMA COURT P.O. BOX 1944 MARCO ISLAND, FL 33969		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
EICHMAN, RICHARD 902 PANAMA CT. MARCO ISLAND, FL 34145				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD <input checked="" type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EICHMANN, RICK		NAME	Eichman, Rick	
STREET ADDRESS	902 PANAMA CT # 3		STREET ADDRESS	902 Panama Ct. #3	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island FL 34145	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINCLAIR, TED		NAME	Sinclair, Ted	
STREET ADDRESS	900 PANAMA CT # 3		STREET ADDRESS	900 Panama Ct. #3	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRIS, BRIAN		NAME	Harris, Brian	
STREET ADDRESS	P.O. BOX 1296		STREET ADDRESS	PO Box 1296	
CITY-ST-ZIP	MEDINA, OH 44256		CITY-ST-ZIP	Medina, OH 44256	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Rick A. Eichman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/08/05</u> <u>239-642-8082</u> <small>Date Daytime Phone #</small>		