


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90114 050 \*\*\*\*61.25

**DOCUMENT # 748542**

1. Entity Name  
**PINK SHELL BEACH CLUB I CONDOMINIUM ASSOCIATION, INC.**

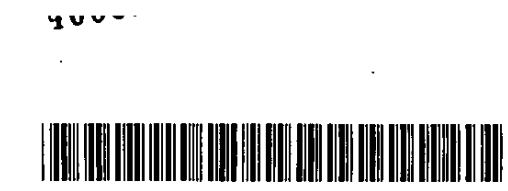


Principal Place of Business  
**326 ESTERO BLVD.  
 FORT MYERS BEACH, FL 33931**

Mailing Address  
**PO BOX 540669  
 MERRITT ISLAND, FL 32954 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



**6. Name and Address of Current Registered Agent**

**PRICE, ROBERT  
 271 CROCKETT BLVD  
 MERRITT ISLAND, FL 32953**

4. FEI Number  
**59-2057005** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**7. Name and Address of New Registered Agent**

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) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DELAHANTY, HOWARD</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, LLOYD</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, PATRICIA</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, MARY</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, THOMAS</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, PATRICIA</b>	
STREET ADDRESS	<b>326 ESTERO BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH, FL 33931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lloyd Parker **Lloyd Parker** **03/21/08** **(321) 453-3300**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #