

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

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 012 ****61.25

DOCUMENT # 762340

1. Entity Name

SHELL ROCK VILLAS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVE
GAINESVILLE FL 32606
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2265112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT
4400 NW 36TH AVE
GAINESVILLE FL 32606**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEE, JENNIFER	
STREET ADDRESS	6118 SW 8TH LANE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARBER, DAVID	
STREET ADDRESS	6143 SW 8TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROACH, MARGARET J	
STREET ADDRESS	6213 SW 8TH LN	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, DAMIEN	
STREET ADDRESS	6208 SW 8TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, JAMES	
STREET ADDRESS	6161 SW 8TH LANE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	TG	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, KRISTIN	
STREET ADDRESS	801 SW 60TH TERR	
CITY - ST - ZIP	GAINESVILLE FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YARROW, Joshua	
STREET ADDRESS	6206 SW 8th Lane	
CITY - ST - ZIP	Gainesville, FL 32607	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martello, Robert	
STREET ADDRESS	849 SW 60th Terrace	
CITY - ST - ZIP	Gainesville, FL 32607	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	May, Audrey	
STREET ADDRESS	6157 SW 8th Lane	
CITY - ST - ZIP	Gainesville, FL 32607	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muscadin, Jennifer	
STREET ADDRESS	6161 SW 8th Lane	
CITY - ST - ZIP	Gainesville, FL 32607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharp, Stephen M.	
STREET ADDRESS	823 SW 60th Terrace	
CITY - ST - ZIP	Gainesville, FL 32608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patel, Darpan	
STREET ADDRESS	6214 SW 8th Lane	
CITY - ST - ZIP	Gainesville, FL 32607	

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:

Margaret J. Roach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-07

Date

352-373-7800

Daytime Phone #