

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766385

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** SHELL HARBOR INN RESORT & CLUB PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 194  
ATTN: ASSN MGMT  
CAPTIVA ISLAND, FL 33924 US

**New Principal Place of Business:**

937 EAST GULF DRIVE  
SANIBEL, FL 33957 US

**Current Mailing Address:**

PO BOX 194  
ATTN: ASSN MGMT  
CAPTIVA ISLAND, FL 33924 US

**New Mailing Address:**

PO BOX 194  
ATTN: OWNER SERVICES  
CAPTIVA ISLAND, FL 33924 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTH SEAS PLANTATION RESORT  
5400 PLANTATION RD  
CAPTIVA, FL 33924 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: D ( ) Delete  
Name: HOLMAN, JOHN  
Address: 4036 BRAEBURN  
City-St-Zip: MUSKEGON, MI 49441

Title: VD ( ) Delete  
Name: KELLY, KENNETH  
Address: PO BOX 1478  
City-St-Zip: SANIBEL, FL 33957

Title: VD ( ) Delete  
Name: HARRISON, WILLIAM  
Address: 2812 HUMBOLDT AVE. S  
City-St-Zip: MINNEAPOLIS, MN 55408

Title: STD ( ) Delete  
Name: PURRONE, ROBERT  
Address: 2307 SW 39TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: WHALEN, GARY  
Address: 111 JACOBS CRK RD  
City-St-Zip: TRENTON, NJ 08628

**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:

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: GARNET DASHER

ASM

01/23/2009

Electronic Signature of Signing Officer or Director

Date