

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

04-06-2006 90001 009 ****61.25

DOCUMENT # 766387					
1. Entity Name SHELL HARBOR INN RESORT & CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 937 EAST GULF DRIVE SANIBEL, FL 33957 US			Mailing Address 937 EAST GULF DRIVE SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address P.O. Box 194			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State CAPTIVA, FL			
Zip	Country	Zip 33924		Country USA	
4. FEI Number 59-2378026			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			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, 2006		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 PD	NAME HOLMAN, JOHN	<input type="checkbox"/> Delete	TITLE JOHN HOLMAN, PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4036 BRAEBURN	MUSKEGON, MI 49441		STREET ADDRESS 4036 BRAEBURN	MUSKEGON, MI 49441	
CITY-ST-ZIP	MUSKEGON, MI 49441		CITY-ST-ZIP	MUSKEGON, MI 49441	
TITLE VD	NAME KELLY, KENNETH	<input type="checkbox"/> Delete	TITLE KELLY, Kelly VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 1478	SANIBEL, FL 33957		STREET ADDRESS PO BOX 1478	SANIBEL, FL 33957	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE STD	NAME HARRISON, WILLIAM	<input type="checkbox"/> Delete	TITLE WILLIAM HARRISON STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2812 HUMBOLDT AVE S	MINNEAPOLIS, MN 55408		STREET ADDRESS 2812 HUMBOLDT AVE S	MINNEAPOLIS, MN 55408	
CITY-ST-ZIP	MINNEAPOLIS, MN 55408		CITY-ST-ZIP	MINNEAPOLIS, MN 55408	
TITLE D	NAME ROTTINI, PHILIP	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 467 WINDSOR RD	WOOD RIDGE, NJ 07075		STREET ADDRESS 		
CITY-ST-ZIP	WOOD RIDGE, NJ 07075		CITY-ST-ZIP		
TITLE D	NAME WAIDEUCK, JOHN	<input checked="" type="checkbox"/> Delete	TITLE DR ROBERT FURRONE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 7003 RIDGEWOOD LANE	LAMBERTVILLE, MI 48144		STREET ADDRESS 2307 SW 24th St	CAPE CORAL, FL 33914	
CITY-ST-ZIP	LAMBERTVILLE, MI 48144		CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____			5/5/06 239-472-7506		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		