

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002643

FILED
Feb 16, 2009
Secretary of State

Entity Name: SHALIMAR COTTAGES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9 5TH AVE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

9 5TH AVE
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3643871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESHELL, GRACE
9 5TH AVE
SHALIMAR, FL 32579 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: T () Delete
Name: MESHELL, GRACE
Address: 9 5TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: VP () Delete
Name: DOWNING, JEAN
Address: 24 2ND ST
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: MCCOLLUM, DALE
Address: 17 6TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: S () Delete
Name: KATHRYN, BASTIAN
Address: 15 5TH AVE
City-St-Zip: SHALIMAR, FL 32579

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SMITH, JAMES
Address: 701 ANCHORS ST NW,
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: IRETON, COLLIN
Address: 1213 WHITEWOOD WAY
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BOD () Change (X) Addition
Name: NGUYEN, TINA
Address: 22 2ND STREET
City-St-Zip: SHALIMAR, FL 32579

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: GRACE MESHELL

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02/16/2009

Electronic Signature of Signing Officer or Director

Date