

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90003 016 ****61.25

DOCUMENT # N04000000354

1. Entity Name
LAKES AT SHELL POINT HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2931 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326**

Mailing Address
**P.O. BOX 1600
CRAWFORDVILLE, FL 32326**

40025285



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

3. Mailing Address
P. O. Box 6506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007 Chg-NP CR2E037 (12/06)

City & State

City & State
Tallahassee, FL 32314-6506

4. FEI Number
20-2172681

Applied For
Not Applicable

Zip

Country

Zip
32314-6506

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROUTA, ROBERT A
2931 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROUTA, ROBERT A
2931 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MCARTHUR, WILLIAM A
569 EDGEWATER AVENUE
JACKSONVILLE, FL 32236** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GAUPIN, WILLIAM T
1439 SHELL POINT ROAD
CRAWFORDVILLE, FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Robert A. Rوتا

(850) 926-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-07