

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 AM
Secretary of State

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 6506 TALLAHASSEE, FL 32314



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2172681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROUTA, ROBERT A
2931 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32326

DO NOT WRITE IN THIS SPACE

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000898959 04/28/08-80019-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROUTA, ROBERT A
STREET ADDRESS	2931 CRAWFORDVILLE HIGHWAY
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	D
NAME	MCARTHUR, WILLIAM A
STREET ADDRESS	569 EDGEWATER AVENUE
CITY - ST - ZIP	JACKSONVILLE, FL 32236
TITLE	D
NAME	GAUPIN, WILLIAM T
STREET ADDRESS	1439 SHELL POINT ROAD
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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** **4-9-08** **(850) 926-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #