

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002394

FILED
Mar 10, 2009
Secretary of State

Entity Name: SHELTER COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1 FLORIDA PARK DR SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

New Principal Place of Business:

1 FLORIDA PARK DR SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 US

Current Mailing Address:

1 FLORIDA PARK DR SOUTH
ATRIUM SUITE
PALM COAST, FL 32137

New Mailing Address:

1 FLORIDA PARK DR SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 US

FEI Number: 56-2449118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, B. PAUL
1 FLORIDA PARK DR SOUTH
ATRIUM SUITE
PALM COAST, FL 32137 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: PD () Delete
Name: GUSTAFSON, RAYMOND P
Address: 125 RUE DE NANCY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete
Name: KATZ, B. PAUL
Address: 1 FLORIDA PARK DR SOUTH
City-St-Zip: PALM COAST, FL 32137

Title: STTD () Delete
Name: ADAMS, JOHN
Address: 1960 US 1 SOUTH, STE 108
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUSTAFSON, RAYMOND P
Address: 125 RUE DE NANCY
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VD (X) Change () Addition
Name: KATZ, B. PAUL
Address: 1 FLORIDA PARK DR SOUTH
City-St-Zip: PALM COAST, FL 32137 US

Title: STD (X) Change () Addition
Name: ADAMS, JOHN
Address: 1960 US 1 SOUTH, STE 108
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

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: B. PAUL KATZ

VP

03/10/2009

Electronic Signature of Signing Officer or Director

Date