

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90064 014 ****61.25

DOCUMENT # N04000010711 1. Entity Name SHIELD'S POINT PLANTATION OWNER'S ASSOCIATION, INC.					
Principal Place of Business 3909 ANDREW JACKSON CIR PACE, FL 32571			Mailing Address 3909 ANDREW JACKSON CIR PACE, FL 32571		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-0963041	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, HARRY C 3909 ANDREW JACKSON CIR PACE, FL 32571				7. Name and Address of New Registered Agent Name DENNIS M. ESWINE Street Address (P.O. Box Number is Not Acceptable) 3966 GORDON WELLS DR. City MILTON FL 32583	
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 DENNIS M. ESWINE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/10/07 <small>(NOTE: Registered Agent signature required when restate)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, HARRY C 3909 ANDREW JACKSON CIR PACE, FL 32571	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENNIS M. ESWINE (D) 3966 GORDON WELLS DR. MILTON, FL. 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LINDA 3909 ANDREW JACKSON CIR PACE, FL 32571	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VIC R. GALLOWAY (D) 3997 GORDON WELLS DR. MILTON, FL. 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOHN C. GILMORE JR. (D) 7105 SCENIC HWY PENSACOLA, FL. 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-TREASURER GREGG LOWERY (D) 4050 GORDON WELLS DR MILTON, FL 32583	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RICHARD M. MARKEY (D) 2104 ST. ANDREWS DR. CANTONMENT, FL. 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DENNIS M. ESWINE 4/10/07 (850) 623-2751 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					