

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005572

FILED
May 23, 2006
Secretary of State

Entity Name: SHELLBRIDGE HOMEOWNERS ASSOCIATION,INC.

Current Principal Place of Business:

11450 SE DIXIE HWY STE 202
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

11450 SE DIXIE HWY STE 202
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES-FAULI CORPORATE SERVICES, INC.
777 S FLAGLER DR STE 500 EAST
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
777 S FLAGLER DR STE 500 EAST
W PALM BCH, FL 33401 US

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: MICHAEL V. MITRIONE

05/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CASPERSEN, FINN M.W.
Address: 11450 SE DIXIE HWY STE 202
City-St-Zip: HOBE SOUND, FL 33455

Title: DV () Delete
Name: WEBEL, RICK
Address: C/ INNOCENTI & WEBEL PO BOX 506
City-St-Zip: LOCUST VALLEY, NY 11560

Title: DS () Delete
Name: ANNIBALI, MALI
Address: 112 N BEACH RD
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT RAYNES

AUTH

05/23/2006

Electronic Signature of Signing Officer or Director

Date