2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008953

FILED Mar 18, 2008 Secretary of State

Entity Name: SHAY-LIN TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1880 SHAY-LIN CT. NICEVILLE, FL 32578

Current Mailing Address: New Mailing Address:

1880 SHAY-LIN CT. NICEVILLE, FL 32578

FEI Number: 20-4475929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCNEESE, RICHARD S
36468 EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541 US

LANDSBERGER, DARLANE
4400 HIGHWAY 20 EAST
SUITE 312
NICEVILLE, FL 32578 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: DARLANE LANDSBERGER 03/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DESHAY, MICHAEL

NICEVILLE, FL 32578

81 MARINA COVE

PD (X) Change () Addition () Delete WALTON, STEVEN L PINKSTON, CURTIS Name: Name: 1411 SCOTT ST. Address: 1802 SHAY LIN COURT Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 (X) Change () Addition Title: STD Title: () Delete WALTON, DANA Name: MASHEK, JEREMY Name: Address: 1411 SCOTT ST. Address: 1800 SHAY LIN COURT City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change (X) Addition LOWMILLER, BRUCE Name: Name: Address: Address: 104 AUCILLA COVE City-St-Zip: City-St-Zip: VALPARAISO, FL 32580 Title: () Delete Title: SD () Change (X) Addition Name: Name: COOPER, WILLIAM 156 WRIGHT CIRCLE Address: Address: City-St-Zip: City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE LOWMILLER TD 03/18/2008