

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

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002788

1. Entity Name

THE RESORT ESTATES AT SHELL POINT
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2655 N. OCEAN DR., STE. 310
SINGER ISLAND, FL 33404

Mailing Address

2655 N. OCEAN DR., STE. 310
SINGER ISLAND, FL 33404



04252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5611518

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EDGAR, CHARLES W. III
8409 N. MILITARY TRAIL, STE. 123
PALM BEACH GARDENS, FL 33410

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
HEATON, GEORGE W.
2655 N. OCEAN DR., STE. 310
SINGER ISLAND, FL 33404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
SPARK, BEVERLY
2655 N. OCEAN DR., STE. 310
SINGER ISLAND, FL 33404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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NAME
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CITY - ST - ZIP

U00000931890
05/22/08-80032-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Heaton George Heaton

Date

4/25/08

Daytime Phone #

561 833-5500