

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002788

**FILED**  
**May 16, 2012**  
**Secretary of State**

**Entity Name:** THE RESORT ESTATES AT SHELL POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1645 PALM BEACH LAKES BLVD  
1200  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

55 WALKER CREEK DRIVE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

1645 PALM BEACH LAKES BLVD  
1200  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

55 WALKER CREEK DRIVE  
CRAWFORDVILLE, FL 32327

**FEI Number:** 20-5611518

**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:**

ELLSWORTH, KENNETH  
55 WALKER CREEK DRIVE  
CRAWFORDVILLE, FL 32327 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: KENNETH WALKER

05/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAMILTON, PAUL  
Address: 55 WALKER CREEK DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S  
Name: ELLSWORTH, KENNETH  
Address: 55 WALKER CREEK DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T  
Name: TREVATHAN, JESSE  
Address: 55 WALKER CREEK DRIVE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: JESSE TREVATHAN

T

05/16/2012

Electronic Signature of Signing Officer or Director

Date