

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

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90009 046 ****61.25

DOCUMENT # N07000001052 1. Entity Name SHELL HARBOR CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548			Mailing Address 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548		
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		
6. Name and Address of Current Registered Agent HUDGENS, ROBERT S 111 BEAL PKWY-SE FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DP HUDGENS, ROBERT S 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST WHALEY, DENISE H 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDGENS, EDNA E 111 BEAL PKWY SE FORT WALTON BEACH, FL 32548	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete			
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 proper authority empowered.			SIGNATURE: <u><i>Robert S. Hudgens</i></u> <u>1/9/08</u> <u>850-244-2100</u> SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #		

66002064



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4. FEI Number 20-8563081 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required