
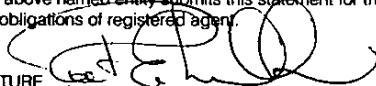
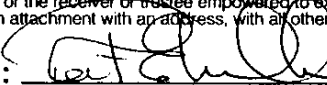


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90039 017 \*\*\*\*70.00

<b>DOCUMENT # N07000001918</b>					
<b>1. Entity Name</b> SHELL CREEK RESORT HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 240 S. PINEAPPLE AVE. C/O SCOTT E. GORDON SARASOTA, FL 34236			<b>Mailing Address</b> 240 S. PINEAPPLE AVE. C/O SCOTT E. GORDON SARASOTA, FL 34236		
<b>2. Principal Place of Business - No P.O. Box #</b> 35711 Washington Loop Rd Suite, Apt. #, etc. MH 20		<b>3. Mailing Address</b> 35711 Washington Loop Rd Suite, Apt. #, etc. MH 20			
<b>City &amp; State</b> Punta Gorda, FL		<b>City &amp; State</b> Punta Gorda, FL			
<b>Zip</b> 33982		<b>Country</b> Charlotte		<b>4. FEI Number</b> 01042008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> GORDON, SCOTT E. 240 S. PINEAPPLE AVE. SARASOTA, FL 34236				<b>7. Name and Address of New Registered Agent</b> Name: Robert E. Williams Street Address (P.O. Box Number is Not Acceptable): 35711 Washington Loop Rd MH 20 City: Punta Gorda FL Zip Code: 33982	
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>  </div> <div style="width: 40%; text-align: right;">                 4/15/08             </div> <div style="width: 20%; text-align: center;">                 DATE             </div> </div> <p style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> WILLIAMS, ROBERT E. <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D/P <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RIDDLE, JAMES <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD. <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input type="checkbox"/> Delete		<b>TITLE</b> D/V P <b>NAME</b> James Riddle <b>STREET ADDRESS</b> 4001 Iola <b>CITY-ST-ZIP</b> Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> WIMPEE, OWEN <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Vernon Herron P/T <b>NAME</b>  <b>STREET ADDRESS</b> 35711 Washington Loop Rd MH 28 <b>CITY-ST-ZIP</b> Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TOUTANT, KAAREN <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D/S <b>NAME</b> Sheryl VAILANCOURT <b>STREET ADDRESS</b> 4101 Iola <b>CITY-ST-ZIP</b> Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HAMMOND, TOM <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> BARBARA LAZZOLI <b>STREET ADDRESS</b> 35711 Washington Loop Rd MH 17 <b>CITY-ST-ZIP</b> Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> RIVET, PETER <b>STREET ADDRESS</b> 35711 WASHINGTON LOOP RD <b>CITY-ST-ZIP</b> PUNTA GORDA, FL	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Robert E. Williams President 4/15/08 (941) 833-8904		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		