

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001918

FILED
Mar 27, 2009
Secretary of State

Entity Name: SHELL CREEK RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

35711 WASHINGTON LOOP RD
MH 20
PUNTA GORDA, FL 33982

New Principal Place of Business:

Current Mailing Address:

35711 WASHINGTON LOOP RD
MH 20
PUNTA GORDA, FL 33982

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT E
35711 WASHINGTON LOOP RD
PUNTA GORDA, FL 33982 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, ROBERT E.
Address: 35711 WASHINGTON LOOP RD
City-St-Zip: PUNTA GORDA, FL

Title: DVP () Delete
Name: RIDDLE, JAMES
Address: 4001 IOLA
City-St-Zip: PUNTA GORDA, FL 33982

Title: PT () Delete
Name: HERRON, VERNON
Address: 35711 WASHINGTON LOOP RD MH 28
City-St-Zip: PUNTA GORDA, FL 33982

Title: DS () Delete
Name: VAILANCOURT, SHERYL
Address: 4101 IOLA
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: LAVEZZOLI, BARBARA
Address: 35711 WASHINGTON LOOP RD MH 17
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: VAILANCOURT, SHERYL
Address: 4101 IOLA
City-St-Zip: PUNTA GORDA, FL 33982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT E WILLIAMS

DP

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date