

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009562

FILED  
May 06, 2008  
Secretary of State

**Entity Name:** SHELL BAY PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1827 POWERS FERRY ROAD  
BUILDING ONE, SUITE 100  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

1827 POWERS FERRY ROAD  
BUILDING ONE, SUITE 100  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANDERS, BARBARA  
80 MARKET ST.  
APALACHICOLA, FL 32320 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AITKENS, ROBERT  
Address: 1827 POWERS FERRY ROAD, BLD. ONE, STE. 100  
City-St-Zip: ATLANTA, GA 30339

Title: SEC ( ) Delete  
Name: AITKENS, ROBERT  
Address: 1827 POWERS FERRY ROAD, BLD. ONE, STE. 100  
City-St-Zip: ATLANTA, GA 30339

Title: TR ( ) Delete  
Name: AITKENS, ROBERT  
Address: 1827 POWERS FERRY ROAD, BLD. ONE, STE. 100  
City-St-Zip: ATLANTA, GA 30339

**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:

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 G. AITKENS

P

05/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date