
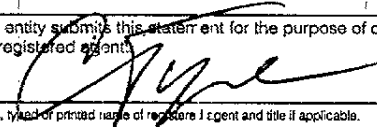
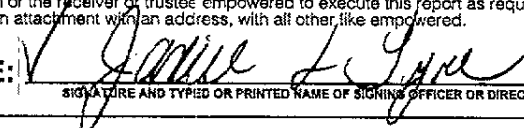


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N08928 1. Entity Name SNUG HARBOUR OF SHELL POINT CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 36 SEABREEZE DR. CRAWFORDVILLE, FL 32327	Mailing Address P.O. BOX 3874 TALLAHASSEE, FL 32315 US	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent TYRE, CURTIS 1114 N. ADAMS STREET TALLAHASSEE, FL 32303		
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
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:  1-23-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STERLING, BARBARA 36 SEA BREEZE DRIVE, STUDIO #2 CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TYRE, JANICE 36 SEA BREEZE DR., APT. #1 CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY, LINDA 3500 VALLEY CREEK DRIVE TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  1-23-06 8503868792 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: Daytime Phone #



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2386882	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

000000404141
02/06/06-80034-023 61.25