

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08928

FILED
Jun 15, 2009
Secretary of State

Entity Name: SNUG HARBOUR OF SHELL POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

36 SEABREEZE DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

3500 VALLEY CREEK DR.
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 52-2397550 **FEI Number Applied For ()** **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:

DOWNEY, LINDA
3500 VALLEY CREEK DR.
TALLAHASSEE, FL 32312 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: D () Delete
Name: STERLING, BARBARA
Address: 36 SEA BREEZE DRIVE, STUDIO #2
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: BICKEL, GRETCHEN
Address: 36 SEA BREEZE DR., APT. #1
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: T () Delete
Name: DOWNEY, LINDA
Address: 3500 VALLEY CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: BULECZA, LINDA
Address: 36 SEA BREEZE DR. STUDIO #3
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: COUNCIL, HAL
Address: 36 SEA BREEZE DR., STUDIO #6
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: DOWNEY, LINDA
Address: 3500 VALLEY CREEK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S/D (X) Change () Addition
Name: BULECZA, LINDA
Address: 36 SEA BREEZE DR. STUDIO #3
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P/D (X) Change () Addition
Name: COUNCIL, HAL
Address: 36 SEA BREEZE DR., STUDIO #6
City-St-Zip: CRAWFORDVILLE, FL 32327

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: LINDA B. DOWNEY

T/D

06/15/2009

Electronic Signature of Signing Officer or Director

Date