

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08928

FILED  
Mar 20, 2012  
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 ( )**

**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  
Name: STERLING, BARBARA  
Address: 36 SEA BREEZE DRIVE, STUDIO #2  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D/S  
Name: BICKEL, GRETCHEN  
Address: 36 SEA BREEZE DR., STUDIO #1  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

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

Title: P/D  
Name: BICKEL, JEFF  
Address: 36 SEA BREEZE DR., STUDIO #1  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: LINDA B. DOWNEY

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03/20/2012

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Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date