2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
05-27-2002 90318 019 ****61.25

DOCUMENT # N15715

1. Entity Name

SHELL POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2510~~ 2502 MISTIC POINT TAMPA FL 33611 US	2510 MISTIC POINT TAMPA FL 33611 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2691338 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORIANO, ROBERT A. 2510 MISTIC POINT TAMPA FL 33611	Name: Pat Companioni Street Address (P.O. Box Number is Not Acceptable): 2502 Mistic Point Way City: Tampa FL Zip Code: 33611

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.

SIGNATURE: R A Mmm ← Signature of old registered agent ↳ Pat Companioni 6/23/02 ← Signature of new registered agent 5/1/02 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JORDAN, RUDOLPH 2508 MISTIC POINT TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael J. Connelly 2506 Mistic Point Way Title: Director Tampa, FL 33611 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, MIRIAM A 2510 MISTIC POINT TAMPA FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brooks P. Byrd 2510 Mistic Point Way Title: Director Tampa, FL 33611 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COMPANIONI, PAT 2502 MISTIC POINT TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SORIANO, ROBERT A 2570 MISTIC PT TAMPA FL 33611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R A Mmm 6/23/02 Pat Companioni 5/1/02 813.229.4230

CR2E047(01/01)