

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N15715

1. Entity Name
SHELL POINT ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED
Jul 14, 2006 08:00 AM
Secretary of State

Principal Place of Business
2510 MISTIC POINT WAY
TAMPA, FL 33611 US

Mailing Address
2510 MISTIC POINT WAY
TAMPA, FL 33611 US



07112006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

BYRD, BROOKS P
2510 MISTIC POINT WAY
TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000570355
07/14/06-80011-008 8.75

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000570355
07/14/06-80011-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORDAN, RUDOLPH
STREET ADDRESS	2508 MISTIC POINT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	COMPANIONI, PAT
STREET ADDRESS	2502 MISTIC POINT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	TRENTALANGE, MIKE
STREET ADDRESS	2506 MISTIC POINT WAY
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	BYRD, BROOKS P
STREET ADDRESS	2510 MISTIC POINT WAY
CITY-ST-ZIP	TAMPA, FL 33611

**DO NOT WRITE
IN THIS SPACE**

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:

Pat Companioni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 835570

Date

Daytime Phone #