2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jul 10, 2007 08:00 AM DOCUMENT # N15715 **Secretary of State** SHELL POINT ESTATES HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 2510 MISTIC POINT WAY TAMPA FL 33611 2510 MISTIC POINT WAY **TAMPA FL 33611** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/06) City & State City & Stalo Applied For 4. FEI Number 59-2691338 Not Applicable Ζ'n Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYRD, BROOKS P Street Address (P.O. Box Number is Not Acceptable) 2510 MISTIC POINT WAY **TAMPA FL 33611** Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed rising of registered agent and life it applicable NOTE, Registered Agent signature required when rowstatings FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition IHE ☐ Delete 11111 Change NAME NAMI JORDAN, RUDOLPH U00000767723 07/10/07-80016-017 61.25 STREET ADDRESS SIREFT ADDRESS 2508 MISTIC POINT CATY SI-ZIP **TAMPA FL 33611** CHY-ST 7P ☐ Change Addition TITLE ☐ Defete I338 8 NAME NAME COMPANIONI, PAT STREET ADDRESS 2502 MISTIC POINT STREET ADDRESS CITY ST-7IP CHY-SI-ZIP TAMPA FL 33611 Mil 🔲 Duluie irli Citation Addition NAME HAME TRENTALANGE, MIKE STREET LADORESS SHELL ADDRESS 2506 MISTIC POINT WAY CHY SI ZIP CITY-ST-78P **TAMPA FL 33611** Defete [1]]} ☐ Change ■ Addition IIII MANY NAME BYRD, BROOKS P STREET ADDRESS SINELL ADDRESS 2510 MISTIC POINT WAY CITY ST ZIP CHY-SI 782 **TAMPA FL 33611** 11111 ☐ Defete ШЦ ☐ Change Addition NAME STREET AGDOESS STREET ADDRESS CITY ST-ZIP CITY-ST-202 33113 ☐ Delete HH Change ☐ Addition HALE NAME SHEET ADDRESS SHIEET ADDRESS CHY 51 7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an efficiency 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