

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15715

FILED
Mar 04, 2008
Secretary of State

Entity Name: SHELL POINT ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2510 MISTIC POINT WAY
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

2510 MISTIC POINT WAY
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2691338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, BROOKS P
2510 MISTIC POINT WAY
TAMPA, FL 33611 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: JORDAN, RUDOLPH
Address: 2508 MISTIC POINT
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: COMPANIONI, PAT
Address: 2502 MISTIC POINT
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: TRENTALANGE, MIKE
Address: 2506 MISTIC POINT WAY
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: BYRD, BROOKS P
Address: 2510 MISTIC POINT WAY
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BROOKS BYRD

PRES

03/04/2008

Electronic Signature of Signing Officer or Director

Date