2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N15715

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: MIKE TRENTALANGE MR 04/16/2009

Electronic Signature of Signing Officer or Director — Date