

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2009
Secretary of State**

DOCUMENT# N22390

Entity Name: SHALIMAR POINTE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1007 SHALIMAR POINTE DRIVE
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1096
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 59-3139893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, BARBARA
1007 SHALIMAR POINTE DRIVE
SHALIMAR, FL 32579 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: DIR () Delete
Name: MORRIS, BARBARA PRES
Address: 1007 SHALIMAR POINTE DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: DIR () Delete
Name: PATTERSON, DONNA VP
Address: 852 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: DIR () Delete
Name: MAHER, CHRISTINE TREAS
Address: 871 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

Title: DIR () Delete
Name: FORTNER, JIM SEC
Address: 891 SHALIMAR COURT
City-St-Zip: SHALIMAR, FL 32579

Title: DIR () Delete
Name: CORBIN, ANDY AT LARG
Address: 855 THE MASTERS BLVD
City-St-Zip: SHALIMAR, FL 32579

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:

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: CHRISTINE S. MAHER

TREA

01/24/2009

Electronic Signature of Signing Officer or Director

Date