## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26364

FILED Jan 16, 2006 Secretary of State

Entity Name: SHELL POINT SAILBOARD CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

SHELL POINT BEACH

CRAWFORDVILLE, FL 32327 US

Current Mailing Address: New Mailing Address:

P O BOX 91

TALLAHASSEE, FL 32302 US

FEI Number: 57-3143519 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINNEY, WRIGHT C 6725 APOLLO TRAIL

TALLAHASSEE, FL 32309 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: NELSON, ROBERT Name: DENMARK, JOHN D

 Address:
 7234 TURNER ST
 Address:
 32 JASON ST

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 CRAWFORDVILLE, FL 32327

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition Name: DENMARK, DAVID Name: CROWSON, AMY H

 Address:
 32 JASON ST
 Address:
 2502 WILLAMETTE RD

 City-St-Zip:
 CRAWFORDVILLE, FL 32327
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 CROWSON, AMY H
 Name:
 FINNEY, WRIGHT C

 Address:
 2502 WILLAMETTE RD
 Address:
 6725 APOLLO TRAIL

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY H. CROWSON DV 01/16/2006