

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26440

**FILED**  
**Jul 14, 2011**  
**Secretary of State**

**Entity Name:** SHELDON SHORES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8113 SHELDON SHORES DRIVE  
TAMPA, FL 33615

**New Principal Place of Business:**

8123 SHELDON SHORES DRIVE  
TAMPA, FL 33615

**Current Mailing Address:**

8113 SHELDON SHORES DRIVE  
TAMPA, FL 33615

**New Mailing Address:**

8123 SHELDON SHORES DRIVE  
TAMPA, FL 33615

**FEI Number:** 59-3022092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ATEHORTUA, ANGELA  
8109 SHELDON SHORES DR.  
TAMPA, FL 336151959 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: P  
Name: ATEHORTUA, ANGELA  
Address: 8109 SHELDON SHORES DR.  
City-St-Zip: TAMPA, FL 33615

Title: S  
Name: ARRAGO, ZORAIDA  
Address: 8107 SHELDON SHORES DR.  
City-St-Zip: TAMPA, FL 33615

Title: T  
Name: SIMMONS, PORNPRAPA  
Address: 8123 SHELDON SHORES DR.  
City-St-Zip: TAMPA, FL 33615

I hereby 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 all other like empowered.

**SIGNATURE:** PORNPRAPA SIMMONS

T

07/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date