

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34835

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** SHALIMAR PLANTATION OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

907 SARA DR  
SHALIMAR, FL 32579 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1162  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 59-2972681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORAM, VICKI  
907 SARA DR  
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: SV  
Name: WORAM, VICKI  
Address: 907 SARA DR  
City-St-Zip: SHALIMAR, FL 32579

Title: DV  
Name: WORAM, BRYON L  
Address: 907 SARA DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: DV  
Name: TURK, MIKE  
Address: 910 SARA DR  
City-St-Zip: SHALIMAR, FL 32579

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: VICKI WORAM

SV

01/06/2010

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

\_\_\_\_\_  
Date