

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39579

FILED
Apr 30, 2009
Secretary of State

Entity Name: BAL HARBOUR OF SHALIMAR OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GLORIA CREWS
107 PORT DR
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

C/O GLORIA CREWS
107 PORT DR
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 59-3035097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CREWS, GLORIA
107 PORT 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: P () Delete
Name: SHEPARD, JON
Address: 105 PORT DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HANCOCK, TODD
Address: 205 OLD FERRY RD
City-St-Zip: SHALIMAR, FL 32579

Title: DST () Delete
Name: CREWS, GLORIA
Address: 107 PORT DR
City-St-Zip: SHALIMAR, FL

Title: DV () Delete
Name: HOLDER, RICK
Address: 109 PORT DR.
City-St-Zip: SHALIMAR, FL 32547

Title: DV () Delete
Name: FEINHOLD, MIKE
Address: 101 STARBOARD
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: GLORIA CREWS

V.P.

04/30/2009

Electronic Signature of Signing Officer or Director

Date