

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39579

**FILED**  
**Mar 27, 2012**  
**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  
Name: SHEPARD, JON  
Address: 105 PORT DRIVE  
City-St-Zip: SHALIMAR, FL 32579

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

Title: DST  
Name: CREWS, GLORIA  
Address: 107 PORT DR  
City-St-Zip: SHALIMAR, FL 32579

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

Title: DV  
Name: PAPPAS, PETE  
Address: 103 PORT 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: GLORIA CREWS

DST

03/27/2012

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

\_\_\_\_\_  
Date