

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N50921

1. Entity Name
SHALIMAR PLACE OWNERS' ASSOCIATION, INC.



Principal Place of Business
**2559 BARRON CT
SHALIMAR, FL 32579 US**

Mailing Address
**2559 BARRON CT
SHALIMAR, FL 32579 US**



03182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3168720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JAMES M
2559 BARRON COURT
SHALIMAR, FL 32579**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature is either signed on behalf of registered agent and title, or as agent.

(NOTE: Registered Agent signature is required when submitting.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, JAMES M.
STREET ADDRESS	2559 BARRON COURT
CITY- ST- ZIP	SHALIMAR, FL 32579
TITLE	VD
NAME	DAY, KELLY
STREET ADDRESS	2554 ERVIN FLEET RD
CITY- ST- ZIP	SHALIMAR, FL
TITLE	STD
NAME	PITCHFORD, STAN
STREET ADDRESS	2554 BARRON COURT
CITY- ST- ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000709480
04/25/07-80004-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James M. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Apr 07 (850) 651-6491
Date Daytime Phone #