


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N50921</b> 1. Entity Name SHALIMAR PLACE OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 2559 BARRON CT SHALIMAR, FL 32579 US	Mailing Address 2559 BARRON CT SHALIMAR, FL 32579 US
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04062008 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 <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MOORE, JAMES M 2559 BARRON COURT SHALIMAR, FL 32579
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, JAMES M. 2559 BARRON COURT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAY, KELLY 2554 ERVIN FLEET RD SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PITCHFORD, STAN 2554 BARRON COURT SHALIMAR, FL 32579
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04/22/08-80032-015 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

7 Apr 08 (850) 651-6491  
Date Daytime Phone #