


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90024 048 ****61.25

DOCUMENT # N92000000329					
1. Entity Name CEDAR ISLAND OF SHELL POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 147 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327			Mailing Address P.O. BOX 608 ALBANY, GA 31702		
2. Principal Place of Business		3. Mailing Address 147 Cedar Island way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Crawfordville FL		4. FEI Number 59-3243216	
Zip		Country 32327		Country USA	
6. Name and Address of Current Registered Agent SHAW, FRANK S JR. 4024 N. MERIDIAN RD. TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME MOSS, MICHAEL		<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 162 Cedar Island way Crawfordville FL 32327
STREET ADDRESS 2000 E. LAKESIDE WAY	CITY-ST-ZIP VINCENNES, IN 47591			STREET ADDRESS 	CITY-ST-ZIP
TITLE P	NAME DAVIS, WILLIAM H SR		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 147 CEDAR ISLAND WAY	CITY-ST-ZIP CRAWFORDVILLE, FL 32327			STREET ADDRESS 	CITY-ST-ZIP
TITLE DV	NAME ADAMS, ALVIN		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2412 W SLAPPEY DRIVE	CITY-ST-ZIP ALBANY, GA 31707			STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME BUTLER, CHARLES R		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 157 CEDAR ISLAND WAY	CITY-ST-ZIP CRAWFORDVILLE, FL 32327			STREET ADDRESS 	CITY-ST-ZIP
TITLE D	NAME FITZPATRICK, TIM		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 157 CEDAR ISLAND WAY	CITY-ST-ZIP CRAWFORDVILLE, FL 32327			STREET ADDRESS 123 Cedar Island way Crawfordville FL 32327	CITY-ST-ZIP
TITLE 	NAME 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 			STREET ADDRESS 	CITY-ST-ZIP
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: _____			1-18-06 252 926 2948		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		