

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

FILED
Jan 11, 2008 08:00 AM
Secretary of State

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 147 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHAW, FRANK S JR. 4024 N. MERIDIAN RD. TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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6. 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, 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	D MOSS, MICHAEL 162 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WILLIAM H SR 147 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, ALVIN 2412 W SLAPPEY DRIVE ALBANY, GA 31707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CHARLES R 157 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, TIM 123 CEDAR ISLAND WAY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000781115
01/15/08-80018-005 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: WILLIAM H DAVIS **1-10-08** **850 926 5948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #