2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 03, 2007 8:00 am Secretary of State DOCUMENT # N92000000887 1. Entity Name 04-03-2007 90013 043 ****61.25 WHITE SHELL BAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4003 HARTLEY ROAD 4003 HARTLEY ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3136901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANTRELL, BRYAN 4003 HARTLEY ROAD. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 Zip Code 9. The above named ontity 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD Delete TITLE ☐ Change ☐ Addition NAMI WERKEMA, DON NAME STREET ADDRESS STREET ADORESS 7259 RAMOTH DR. CITY - ST - ZIP CITY-ST-ZIP JACKSONVILLE FL 32226 HILE VPD ☐ Delete HILE ☐ Change Addition NAME COKER, JIM NAME STREET ADDRESS 7218 RAMOTH DR. STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP JACKSONVILLE FL 32226 THEF BHE Change Delete ☐ Addition NAME BOLCHOZ, CHARLES { SAME } STREET ADDRESS STREET ADDRESS 3326 GUERNSEY CT CITY - ST - ZIP JACKSONVILLE FL 32256 ☐ Delete 100 SD ☐ Change ☐ Addition NAME NAMI CRABTREE, DICK STREET ADDRESS STREET ADDRESS 7221 RAMOTH DRIVE CITY - ST-789 JACKSONVILLE FL 32226 CITY-ST-ZIP THE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 other like empowered.

SIGNATURE:

3-15-07 904-757-6373

FILED