


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90030 012 ****61.25

DOCUMENT # N92000000887 1. Entity Name WHITE SHELL BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY ROAD JACKSONVILLE, FL 32257			Mailing Address 4003 HARTLEY ROAD JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CANTRELL, BRYAN 4003 HARTLEY ROAD JACKSONVILLE, FL 32257				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 _____					
Signature of the registered agent or the person authorized to change the registered agent or the person authorized to change the registered office. (NOTE: Registered Agent Signature is required when the change is made.)					
Filing Fee is \$61.25 Due by May 1, 2008		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	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COKER, JIM		NAME		
STREET ADDRESS	7218 RAMOTH DR.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32226		CITY - ST - ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLCHOZ, CHARLES		NAME		
STREET ADDRESS	3326 GUERNSEY CT		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32256		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRABTREE, DICK		NAME		
STREET ADDRESS	7221 RAMOTH DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32226		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	PTD Chris McCormick	
STREET ADDRESS			STREET ADDRESS	7230 Ramoth Drive	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, FL 32226	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VPD Wanda Carter	
STREET ADDRESS			STREET ADDRESS	7239 Ramoth Drive	
CITY - ST - ZIP			CITY - ST - ZIP	Jacksonville, FL 32226	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: _____			1/23/08 904 694-3141 Date Director Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					