

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000001478

FILED
Sep 25, 2006
Secretary of State

Entity Name: SHELL BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 8897
JACKSONVILLE, FL 32239 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8897
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 59-3509697 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KITCHENS, KENNY
6781 BEATRIX DRIVE
JACKSONVILLE, FL 32226 US

Name and Address of New Registered Agent:

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.

SIGNATURE: KENNY KITCHENS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KITCHENS, KENNY
Address: 6781 BEATRIX DR.
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VP () Delete
Name: BRYANT, GENE
Address: 6688 CABELLO DR.
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: T () Delete
Name: HARIEGEL, LISA
Address: 6696 CABELLO DR.
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: MAL () Delete
Name: CRIBB, SHAY
Address: 6659 CABELLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: MAL () Delete
Name: CRESS, ALAN
Address: 6742 CABELLO DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HARIEGEL

T

09/25/2006

Electronic Signature of Signing Officer or Director

Date