

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90015 006 \*\*\*\*70.00

<b>DOCUMENT # N97000001478</b>					
<b>1. Entity Name</b> SHELL BAY HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 6781 BEATRIX DRIVE JACKSONVILLE, FL 32226 US			<b>Mailing Address</b> PO BOX 8897 JACKSONVILLE, FL 32239 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 6664 Cabello DR		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3509697	
<b>Zip</b> 32226		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01072008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> KITCHENS, KENNY 6781 BEATRIX DRIVE JACKSONVILLE, FL 32226			<b>7. Name and Address of New Registered Agent</b> Name: Garvin, Scott Street Address (P.O. Box Number is Not Acceptable): 6664 Cabello DR City: Jacksonville, FL Zip Code: 32226		
<b>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.</b>					
SIGNATURE: <u>Scott Garvin</u> <span style="float: right;">2/5/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> KITCHENS, KENNY <b>STREET ADDRESS</b> 6781 BEATRIX DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> Garvin, Scott <b>STREET ADDRESS</b> 6664 Cabello DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> GARVIN, E. SCOTT <b>STREET ADDRESS</b> 6664 CABELLO DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> OLINTO, Brendon <b>STREET ADDRESS</b> 6733 Beatrix DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> HARIEGEL, LISA <b>STREET ADDRESS</b> 6696 CABELLO DR. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> Bryant, William E <b>STREET ADDRESS</b> 6688 Cabello DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SEC <b>NAME</b> CLERY, ROBERT <b>STREET ADDRESS</b> 6726 BEATRIX DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		<b>TITLE</b> ARC <b>NAME</b> Bennett, David <b>STREET ADDRESS</b> 6717 Beatrix DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MAL <b>NAME</b> BENNETT, DAVID <b>STREET ADDRESS</b> 6717 BEATRIX DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MAL <b>NAME</b> Vogel, Henry <b>STREET ADDRESS</b> 6718 Beatrix DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> MAL <b>NAME</b> BATCHELLER, DAVE <b>STREET ADDRESS</b> 6757 BEATRIX DRIVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William E. Bryant, William E Bryant</u> <span style="float: right;">2/5/08 904-610-4823</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					