

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

DOCUMENT # N98000004013			
1. Entity Name ST. THOMAS AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 15400 EMERALD COAST PARKWAY DESTIN FL 32541		Mailing Address 15300 EMERALD COAST PARKWAY DESTIN FL 32541	
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	Country



FILED

07 JUL 13 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/28/07 90018 007 \$122.50



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 348 SW MIRACLE STRIP PARKWAY SUITE 7 FORT WALTON BEACH FL 32548		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P KARCHER, RONALD L 303 CEDAR DRIVE METAIRIE LA 70005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	President Steve Carter 15400 Emerald Coast Pkwy PH 7A Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S.T. CARTER, STEPHEN T 15400 EMERALD COAST PARKWAY, UNIT PH-7A DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Secretary/Treasurer Pam Bass 15400 Emerald Coast Pkwy Unit 1002 Destin, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BECNEL, THOMAS 15000 EMERALD COAST PKWY DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V.P. BOLT, DON 15400 EMERALD COAST PARKWAY, UNIT 1108 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BASS, PAM 15400 EMERALD COAT PARKWAY, UNIT 1002 DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Director Steve Barts 7464 Standing Bay Road Columbus, GA 31904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other the empowered.

SIGNATURE: _____ **7/11/07** **930-337-5146**