

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-07-2008 90029 039 \*\*\*\*61.25

**DOCUMENT # N98000004013**

1. Entity Name

**ST. THOMAS AT SILVER SHELLS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**15400 EMERALD COAST PARKWAY  
DESTIN FL 32541  
US**

Mailing Address

**15300 EMERALD COAST PARKWAY  
DESTIN FL 32541  
US**

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3568349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.  
348 SW MIRACLE STRIP PARKWAY  
SUITE 7  
FORT WALTON BEACH FL 32548**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**P  
CARTER, STEVE  
15400 EMERALD COAST PARKWAY, PH 7A  
DESTIN FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**~~ST~~  
BASS, PAM  
15400 EMERALD COAST PARKWAY, UNIT 1002  
DESTIN FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Change ☐ Addition

**DIRECTOR**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Delete

**D  
BECNEL, THOMAS  
15000 EMERALD COAST PKWY  
DESTIN FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**V  
BOLT, DON  
15400 EMERALD COAST PARKWAY, UNIT 1108  
DESTIN FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**~~ST~~  
BURTS, STEVE  
7464 STANDING BOY ROAD  
COLUMBUS GA 31904**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☒ Change ☐ Addition

**SECTREAS**

**SAME**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

**DIRECTOR  
JOE QUINLAN  
180 20 HARBOUR TOWN COURT  
BATON ROUGE, LA 70810**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☒ 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 like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/08**

**850-337-5146**

Date

County Phone #