

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

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
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

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 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	
TITLE NAME CARTER, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS 15400 EMERALD COAST PARKWAY, PH 7A	
CITY-ST-ZIP DESTIN FL 32541	
TITLE NAME BASS, PAM	<input type="checkbox"/> Delete
STREET ADDRESS 15400 EMERALD COAST PARKWAY, UNIT 1002	
CITY-ST-ZIP DESTIN FL 32541	
TITLE NAME BECNEL, THOMAS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 15000 EMERALD COAST PKWY	
CITY-ST-ZIP DESTIN FL 32541	
TITLE NAME BOLT, DON	<input type="checkbox"/> Delete
STREET ADDRESS 15400 EMERALD COAST PARKWAY, UNIT 1108	
CITY-ST-ZIP DESTIN FL 32541	
TITLE NAME BURTS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS 7464 STANDING BOY ROAD	
CITY-ST-ZIP COLUMBUS GA 31904	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME SECTREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS SAME	
CITY-ST-ZIP	
TITLE NAME DIRECTOR JOE QUINLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 180 20 HARBOUR TOWN COURT	
CITY-ST-ZIP BATON ROUGE, LA 70810	

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: _____ 1/28/08 850-337-5146
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayuga Form #