

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90019 029 ****61.25

DOCUMENT # N98000004015					
1. Entity Name ST. MAARTEN AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 15200 EMERALD COAST PKWY DESTIN, FL 32541			Mailing Address 15200 EMERALD COAST PKWY 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	4. FEI Number 59-3568348	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, JR., RAYMOND F ATTORNE 348 MIRACLE STRIP PARKWAY S. W. SUITE 7 FORT WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name <u>Suzanne Blankenship</u> Street Address (P.O. Box Number is Not Acceptable) <u>25 W. Government Street</u> City <u>Pensacola</u> FL <u>32502</u>		
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 <u>[Signature]</u> 4-11-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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	ST MCMILLIN, GARY <input type="checkbox"/> Delete 15200 EMERALD COAST PARKWAY, UNIT 706 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENB, SALLY <input type="checkbox"/> Delete 5175 VERNON SPRINGS TR NW ATLANTA, GA 30327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sally B. Green <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, NORMA <input type="checkbox"/> Delete 36 AARONS REEF DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMARTINA, JOEY A <input type="checkbox"/> Delete 132 WEST RUELLE DRIVE LAFAYETTE, LA 70503		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry McCurdy III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 560 Laurel Oaks Lane Alpharetta, GA 30004	
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 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.					
SIGNATURE: <u>Gary D McMillin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/2/08</u> Daytime Phone # <u>850-654-5752</u>		