

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

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

02-07-2008 90028 028 \*\*\*\*61.25

**DOCUMENT # N98000004019**

1. Entity Name

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



Principal Place of Business

**15500 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

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3572838**

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 S.W. 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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	DONNER, MIKE	
STREET ADDRESS	P.O. BOX 9090	
CITY-STATE-ZIP	MANDEVILLE LA 70470	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	HORAIST, DEBORAH	
STREET ADDRESS	P.O. BOX 1687	
CITY-STATE-ZIP	DESTIN FL 32540	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STREWLER, BARB	
STREET ADDRESS	15500 EMERALD COAST PARKWAY, UNIT 1004	
CITY-STATE-ZIP	DESTIN FL 32541	
TITLE	D.	<input type="checkbox"/> Delete
NAME	RACKLEY, JOE	
STREET ADDRESS	2128 ELKTON PIKE	
CITY-STATE-ZIP	PULASKI TN 38478	
TITLE	D.	<input type="checkbox"/> Delete
NAME	HOLT, RANDY	
STREET ADDRESS	2840 E KEADIS CIRCLE	
CITY-STATE-ZIP	GERMANTOWN TN 38139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL SCHOENBACHER	
STREET ADDRESS	318 BARCELONA DR.	
CITY-STATE-ZIP	LOUISVILLE, KY 40245	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNINE CADAROT	
STREET ADDRESS	15500 EMERALD COAST PKWY #1005	
CITY-STATE-ZIP	DESTIN FL 32541	

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 another like empowered.

SIGNATURE:

*[Signature]*

850-337-5746 1/28/08