

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 2009
Secretary of State

DOCUMENT# N98000004019

Entity Name: ST. BARTH AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**15500 EMERALD COAST PARKWAY
DESTIN, FL 32541**New Principal Place of Business:****Current Mailing Address:**15500 EMERALD COAST PARKWAY
DESTIN, FL 32541**New Mailing Address:****FEI Number:** 59-3572838**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ESSER, INGRID OWNER
15200 EMERALD COAST PARKWAY
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DONNER, MIKE
Address: P.O. BOX 9090
City-St-Zip: MANDEVILLE, LA 70470

Title: S/T () Delete
Name: SCHOENBACKLER, CARL
Address: 318 BARRELONA DR
City-St-Zip: LOUISVILLE, KY 40245

Title: VP () Delete
Name: STREWLER, BARBARA
Address: 15500 EMERALD COAST PARKWAY #1004
City-St-Zip: DESTIN, FL 32541

Title: D. () Delete
Name: RACKLEY, JOE
Address: 2128 ELKTON PIKE
City-St-Zip: PULASKI, TN 38478

Title: D () Delete
Name: CADARET, JEANININE
Address: 15500 EMERALD COAST PKWY 1005
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE DONNER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date