


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006455
 1. Entity Name
SHALIMAR ATHLETIC ASSOCIATION, INC.



Principal Place of Business: #4 11TH AVENUE, SUITE 2, SHALIMAR, FL 32579
 Mailing Address: PO BOX 74, SHALIMAR, FL 32579

DO NOT WRITE IN THIS SPACE



02082005 No Chg-NP CR2E037 (10/03)
 4. FEI Number: 59-3628297 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAMPBELL, JAMES C
 #4 11TH AVENUE
 SUITE 2
 SHALIMAR, FL 32579

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, JAMES C #4 11TH AVENUE, SUITE 2 SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, RANDY 922 SARA DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENSMORE, TED 797 BLVD OF CHAMPIONS SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, LEVIN II 910 SUNSET BAY CT SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, ROBERT 86 MEIGS DR SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/14/05-80012-009 61.25
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 2/10/05 (850) 651-9313
Daytime Phone #