



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000006455 1. Entity Name SHALIMAR ATHLETIC ASSOCIATION, INC.	
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Principal Place of Business #4 11TH AVENUE SUITE 2 SHALIMAR, FL 32579	Mailing Address PO BOX 74 SHALIMAR, FL 32579
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**DO NOT WRITE IN THIS SPACE**



07272006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3628297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES C  
#4 11TH AVENUE  
SUITE 2  
SHALIMAR, FL 32579

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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	

U00000572914  
08/01/06-80005-012 61.25

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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:**  **7/27/06** **(850) 651-9313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_