


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90034 016 \*\*\*\*61.25

<b>DOCUMENT # N98000006455</b>					
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		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPBELL, JAMES C #4 11TH AVENUE SUITE 2 SHALIMAR, FL 32579				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES C			NAME	
STREET ADDRESS	#4 11TH AVENUE, SUITE 2			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, RANDY			NAME	
STREET ADDRESS	922 SARA DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSMORE, TED			NAME	
STREET ADDRESS	797 BLVD OF CHAMPIONS			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, LEVIN II			NAME	
STREET ADDRESS	910 SUNSET BAY CT			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, ROBERT			NAME	
STREET ADDRESS	86 MEIGS DR			STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR, FL 32579			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____				4/27/07 850-651-9313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	