2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N98000006455



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.,	Aug 21, 2008 8:00 am
	Secretary of State
	08-21-2008 90002 018 ****70 00

SHALIMAR ATHLETIC ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 74 #4 11TH AVENUE SHALIMAR, FL 32579 SUITE 2 SHALIMAR, FL 32579 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. BOX 142 130 LAKE LORRAINE CIR Suite, Apt. #, etc. Suite, Apt. #, etc. 08072008 Chg-NP CR2E037 (12/06) Applied For City & State City & State FEI Number
59-3628297 SHALIMAR FLORIDA Not Applicable SHALIMAR FLORIDA Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 32579 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BILLY W. KELLY CAMPBELL, JAMES C #4 11TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 130 LAKE LORRAINE CIR SUITE 2 SHALIMAR, FL 32579 City 3. 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. BILLY W. KELLY SIGNATURE NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by September 12, 2008 Added to Fees 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete TILE TITLE XI Channe Addition CĂMPBELL, JAMES C CAMPBELL, JAMES C NAME #4 11TH AVENUE, SUITE 2 #4 11TH AVENUE, SUITE 2 TREET ADDRESS STREET ADDRESS SHALIMAR, FL 32579 SHALIMAR, FL, 32579 ITY-ST-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change X Addition MILLS, RANDY KELLY, BILLY W T30 LAKE LORRAINE CIR SHALIMAR, FL, 32579 NAMÉ TREET ADDRESS 922 SARA DRIVE STREET ADDRESS ITY-ST-ZIP SHALIMAR, FL 32579 CITY-ST-ZIP **G**LF Delete TITLE ☐ Change [X] Addition CREWS, JOEY 880 BRANDE_CT DENSMORE, TED NAME 797 BLVD OF CHAMPIONS TREET ADDRESS STREET ADDRESS SHALIMAR, FL, 32579 SHALIMAR, FL 32579 ITY-ST-78 CITY-ST-ZIP TILE Delete X Addition TITLE ☐ Change PATTISON, MARK LORD, LEVIN II AME NAME 21 BAYSHORE DR SHALIMAR, FL, 32579 TREET ADDRESS 910 SUNSET BAY CT STREET ADDRESS SHALIMAR, FL 32579 TTY-ST-ZIP City-St-7IP an e ☐ Delete TITLE Addition ☐ Change CASTLEBERRY, MICHAEL 545 E. TIMBERLAKE DR SHALIMAR, FL, 32579 AME NAME CREET ADDRESS STREET ADDRESS HY-ST-ZIP CITY-ST-21P ☐ Delete X7 Addition THE ☐ Change MCMORROW, GARY AME NAME 103 POQUÍTO RD IREFT ADDRESS STREET ADDRESS TTY-ST-ZIP CITY-ST-ZIP SHALIMAR, FL, 32579

2. 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:

JAMES C. CAMPBELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 850)651-9313