

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006455

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** SHALIMAR ATHLETIC ASSOCIATION, INC.

**Current Principal Place of Business:**

130 LAKE LORRAINE CIR  
SHALIMAR, FL 32579

**New Principal Place of Business:**

118 LAKE LORRAINE CIRCLE  
SHALIMAR, FL 32579

**Current Mailing Address:**

PO BOX 142  
SHALIMAR, FL 32579

**New Mailing Address:**

**FEI Number:** 59-3624297      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KELLY, BILLY W  
130 LAKE LORRAINE CIR  
SHALIMAR, FL 32579    US

**Name and Address of New Registered Agent:**

KELLY, GLENDA K  
118 LAKE LORRAINE CIR  
SHALIMAR, FL 32579    US

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: GLENDA K KELLY

05/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CAMPBELL, JAMES C  
Address: #4 11TH AVENUE, SUITE 2  
City-St-Zip: SHALIMAR, FL 32579

Title: PD  
Name: KELLY, GLENDA K  
Address: 118 LAKE LORRAINE CIR  
City-St-Zip: SHALIMAR, FL 32579

Title: VD  
Name: CREWS, JOEY  
Address: 880 BRANDE CT  
City-St-Zip: SHALIMAR, FL 32579

Title: D  
Name: STOCKER, REGGIE  
Address: 219 COUNTRY CLUB ROAD  
City-St-Zip: SHALIMAR, FL 32579

Title: D  
Name: ROWELL, GLENN  
Address: 1821 SCIROCCO LOOP  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D  
Name: STUDLEY, JEFF  
Address: 53 POQUITO ROAD  
City-St-Zip: SHALIMAR, FL 32579

I hereby 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 all other like empowered.

SIGNATURE: GLENDA K KELLY

PD

05/02/2010

Electronic Signature of Signing Officer or Director

Date