

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091113

FILED
Apr 21, 2009
Secretary of State

Entity Name: SHELL POINT DEVELOPMENT CORPORATION

Current Principal Place of Business:

SHELL POINT DEVELOPMENT
13901 SHELL POINT PLAZA
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O SHELL POINT VILLAGE
15000 SHELL POINT BLVD STE 100
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 65-1046494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYS, PETER
15000 SHELL POINT BLVD.
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DYS, PETER
Address: 15000 SHELL POINT BLVD.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: BAYES, DENNIS
Address: 15000 SHELL POINT BLVD.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: PAGE, PAUL
Address: 15000 SHELL POINT BLVD.
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DYS, PETER
Address: 15000 SHELL POINT BLVD.
City-St-Zip: FORT MYERS, FL 33908

Title: VP/S (X) Change () Addition
Name: PAGE, PAUL
Address: 11208 OAKMONT COURT
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change () Addition
Name: FINCH, HOWARD J DR.
Address: 10501 FGCU BLVD., SOUTH
City-St-Zip: FORT MYERS, FL 33965

Title: AT () Change (X) Addition
Name: LOCHRIDGE, TIM K
Address: 15000 SHELL POINT BLVD.
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM K LOCHRIDGE

AT

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date