

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091113

FILED  
Feb 22, 2010  
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:** P  
**Name:** DYS, PETER  
**Address:** 15000 SHELL POINT BLVD.  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** VP/S  
**Name:** PAGE, PAUL  
**Address:** 11208 OAKMONT COURT  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** T  
**Name:** FINCH, HOWARD J DR.  
**Address:** 10501 FGCU BLVD., SOUTH  
**City-St-Zip:** FORT MYERS, FL 33965

**Title:** AT  
**Name:** LOCHRIDGE, TIM K  
**Address:** 15000 SHELL POINT BLVD.  
**City-St-Zip:** FORT MYERS, FL 33908

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TIM LOCHRIDGE

AT

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date