

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045643

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** THE CLUB AT SILVER SHELLS, INC.

**Current Principal Place of Business:**

15000-A EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**New Principal Place of Business:**

15000 EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**Current Mailing Address:**

15000-A EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**New Mailing Address:**

15000 EMERALD COAST PARKWAY  
DESTIN, FL 32541 US

**FEI Number:** 59-3552511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SALVATORI & WOOD, P.L.  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 US

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

SALVATORI, WOOD, BUCKEL & WEIDENMILLER  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108 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: LEO SALVATORI

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: BECNEL, CARLA  
Address: 15000 EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete  
Name: BECNEL, DAMON  
Address: 15000-A EMERALD COAST PARKWAY  
City-St-Zip: DESTIN, FL 32541 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLA BECNEL

DPTS

04/30/2009

Electronic Signature of Signing Officer or Director

Date