

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004013

**Entity Name:** ST. THOMAS AT SILVER SHELLS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 13, 2019**  
**Secretary of State**  
**4030090690CC**

**Current Principal Place of Business:**

12815 EMERALD COAST PARKWAY  
SUITE 100  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

P.O. BOX 1779  
DESTIN, FL 32540 US

**FEI Number: 59-3568349**

**Certificate of Status Desired: No**

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

NEWMAN-DAILEY RESORT PROPERTIES, INC.  
12815 EMERALD COAST PARKWAY  
SUITE 100  
MIRAMAR BEACH, FL 32550 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: KEN WAMPLER**

**03/13/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARTER, STEVE  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            VICE PRESIDENT  
Name            STANTON, BILL  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            DIRECTOR  
Name            POWELL, TOM  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            TREASURER  
Name            LAMARTINA, JOEY  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            SECRETARY  
Name            RICE, BOYD  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            DIRECTOR  
Name            WALKER, TODD  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

Title            DIRECTOR  
Name            POSTULKA, GREGORY  
Address        P.O. BOX 1779  
City-State-Zip: DESTIN FL 32540

*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: STEVE CARTER**

**PRESIDENT**

**03/13/2019**

Electronic Signature of Signing Officer/Director Detail

Date