

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052365

Entity Name: SH GENERAL PARTNER, INC.

Current Principal Place of Business:

4000 SANDESTIN BLVD S
MIRAMAR BEACH, FL 32550

Current Mailing Address:

4000 SANDESTIN BLVD SOUTH
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3398819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARKER WILLIAMS, PLLC
60 CLAYTON LANE
SANTA ROSA BEACH, FL 32459 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: FARRAR BARKER

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name O'NEAL, MIKE
Address PO BOX 13130
COURTESY INSURANCE
City-State-Zip: OKLAHOMA CITY OK 73113-0130

Title VP
Name KAMM, ROBERT
Address 4000 SANDESTIN BLVD SOUTH
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR, VP
Name MYERS, KNICK
Address 521 STONE VISTA LANE
City-State-Zip: KNOXVILLE TN 37934

Title DIRECTOR, PRESIDENT
Name SMITH, DULARI
Address PO BOX 7037
City-State-Zip: MOBILE AL 36670

Title DIRECTOR, SECRETARY
Name MCGOWIN, JEFF
Address 1 AUSTILL PLACE
City-State-Zip: MOBILE AL 36608-2474

Title DIRECTOR
Name STEIER, MARTHA LOWE
Address 7865 HARTFORD HILL LANE
City-State-Zip: CINCINNATI OH 45252-4345

Title DIRECTOR
Name HOWINGTON, REBECCA F
Address PO BOX 1070
City-State-Zip: MILLEDGEVILLE GA 31061

Title DIRECTOR
Name BRUNO, ANTHONY
Address 265 WEST CROGAN STREET
City-State-Zip: LAWRENCEVILLE GA 30046

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: ROBERT KAMM

VP

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date