

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000052365

**Entity Name:** SH GENERAL PARTNER, INC.

**Current Principal Place of Business:**

4000 SANDESTIN BLVD S  
DESTIN, FL 32550

**Current Mailing Address:**

4000 SANDESTIN BLVD SOUTH  
DESTIN, FL 32550 US

**FEI Number:** 59-3398819

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name O'NEAL, MIKE  
Address 2200 WOODHILL  
City-State-Zip: EDMOND OK

Title P D  
Name JOHNSON, LARRY  
Address 602 BELLE MEADE ROAD  
City-State-Zip: MONROE GA 30655

Title D  
Name LAMB, TINA  
Address 15741 AMELIA VIEW AVENUE  
City-State-Zip: BATON ROUGE LA 70810

Title S D  
Name DRUCKER, ALAN  
Address 810 PEMBROKE COURT  
City-State-Zip: VERO BEACH FL 32963

Title VP D  
Name CHILDS, PETER  
Address 3114 SOUTH ROCKFORD DRIVE  
City-State-Zip: TULSA OK 74105

Title VP  
Name KAMM, ROBERT  
Address 4393 COMMONS DRIVE EAST #207  
City-State-Zip: DESTIN FL 32541

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

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

*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:** KAMM ROBERT

**VICE PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date