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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710814 (5)
 1. Corporation Name
SOUTH SHORE WATER ASSOCIATION, INC.



Principal Place of Business POST OFFICE BOX 308 U S HIGHWAY 27 LAKE HARBOR FL 33459	Mailing Address POST OFFICE BOX 308 U S HIGHWAY 27 LAKE HARBOR FL 33459-0308
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1966		3a. Date of Last Report 04/24/1996	
21	26	4. FEI Number 59-1141578		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TULLOS, R. CLARK ST. RD. 720 CLEWISTON FL 33440				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGDILL, MORRIS E.	1.2 NAME	
STREET ADDRESS	209 CYPRESS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARDSLEY, WAYNE	2.2 NAME	
STREET ADDRESS	125 W. DEL MONTE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON, FL 0	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLOS, CLARK	3.2 NAME	
STREET ADDRESS	ST. RD. 720	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBISON, ESSIE	4.2 NAME	
STREET ADDRESS	ART LAWRENCE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATFIELD, DWIGHT	5.2 NAME	
STREET ADDRESS	818 W ROYAL PALM AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, JOHN	6.2 NAME	
STREET ADDRESS	107 RIDGEWOOD AVE. ---	6.3 STREET ADDRESS	435 East Del Monte
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morris E. Ridgill Date: **04-10-97** Daytime Phone #: **561/996-3965**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MORRIS E. RIDGDILL, President

CR2E037 (9/96)

South Shore Water Association, Inc.

P.O. Box 308
LAKE HARBOR, FLORIDA 33459

Phone: 407-996-3965
800-654-1948

Fax: 407-992-9235

BOARD OF DIRECTORS

	<u>Term Expires</u>
<u>PRESIDENT</u> <u>Morris E. Ridgdill</u> , P.O.Box 447, Clewiston, FL 33440 Telephone 941/983-3136 (Office); 941/983-9398 (Home)	1999
<u>VICE-PRESIDENT</u> <u>Clark Tullos</u> , P.O.Box 1029, Clewiston, FL 33440 Telephone 941/983-9188 (Office); 941/983-2392 (Home)	1999
<u>SECRETARY-TREASURER</u> <u>Essie S. Robison</u> , Rt. 1, Box 106, Clewiston, FL 33440 Telephone 941/983-8217	2000
<u>Dwight Hatfield</u> , P.O.Box 248, Clewiston, FL 33440 Telephone 941-983-0770	1999
<u>John McCallum</u> , P.O.Box 265, Clewiston, FL 33440 (435 E. Del Monte) Telephone 941/983-8605	2000
<u>Wayne Beardsley</u> , 125 W. Del Monte, Clewiston, FL 33440 Telephone 561/993-3721 (Office); 941/983-7095 (Home)	2000
<u>Everett W. Garvey, III</u> , P.O.Box 816, Moore Haven, FL 33471 Telephone 941/902-2909 (Office); 941/946-1853 (Home)	1998
<u>Wayne C. Smith</u> , Rt. 3, Box 216, Moore Haven, FL 33471 Telephone 941/983-5111 (Office); 941-946-3245	2000
<u>H. Dyoll Turner</u> , P.O.Box 1688, Clewiston, FL 33440 (S.R. 832) Telephone 941/983-4101	1998
<u>Barbara M. Remerow</u> , Rt. 1, Box 345, Clewiston, FL 33440 Telephone 941/946-0747 (Office); 941/983-8939 (Home)	1998

Dated this 20th day of March, 1997

Essie S. Robison
Secretary/Treasurer

/pm