

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 04/29/1966
4. FEI Number 59-1141578
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TULLOS, R. CLARK
ST. RD. 720
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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	RIDGILL, 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLUM, JOHN	6.2 NAME	
STREET ADDRESS	435 EAST DEL MONTE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	6.4 CITY-ST-ZIP	

700002492697 Change Addition
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14. I 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 _____ DATE **04-02-98 561-996-3965**

CR2E037 (10/97)

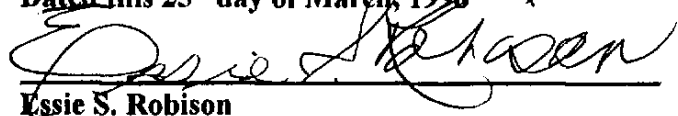
NU/Pu Box

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**SOUTH SHORE WATER ASSOCIATION, INC.
P. O. BOX 308
LAKE HARBOR, FL 33459**

	<u>Term Expires</u>
<u>PRESIDENT</u>	
<u>Morris E. Ridgill</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>, 435 E. Del Monte, P. O. Box 265, Clewiston, FL 33440 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, II</u>, P. O. Box 816, Moore Haven, FL 33471 Telephone 941-902-2909 (Office); 941-946-1853 (Home)	2001
<u>Wayne C. Smith</u>, 3325 E. CR 720, Moore Haven, FL 33471 Telephone 941-983-5111 (Office); 941-946-3245 (Home)	2000
<u>H. Dvöll Turner</u>, P. O. Box 1688, Clewiston, FL 33440 Telephone 941-983-4101	2001
<u>Barbara M. Remerow</u>, Rt. 1, Box 345, Clewiston, FL 33440 Telephone 941-946-0747 (Office); 941-983-8939 (Home)	2001

Dated this 25th day of March, 1998



**Essie S. Robison
Secretary/Treasurer**