


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 710814 1. Entity Name SOUTH SHORE WATER ASSOCIATION, INC.	
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Principal Place of Business 1454-A SUGARLAND HWY CLEWISTON, FL 33440	Mailing Address PO BOX 218 US HWY 27 CLEWISTON, FL 33440
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01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1141578	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALLUM, JOHN T  
535 E DEL MONTE  
CLEWISTON, FL 33440

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

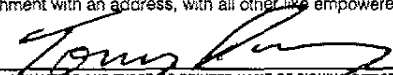
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDGDILL, MORRIS E. 209 CYPRESS AVE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEARDSLEY, WAYNE 125 W. DEL MONTE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, TOMMY PO BOX 1029 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATFIELD, DWIGHT 818 W ROYAL PALM AVENUE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCALLUM, JOHN 435 EAST DEL MONTE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000005545  
01/15/04-80054-026 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 01-08-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day@mo Phone #