


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90224 006 \*\*\*\*70.00

**DOCUMENT # N04000004054**

1. Entity Name  
**SOUTHSHORE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**61 CULLMAN AVE  
 SANTA ROSA BCH, FL 32459**

Mailing Address  
**61 CULLMAN AVE  
 SANTA ROSA BCH, FL 32459**

2. Principal Place of Business  
**225 MAIN STREET  
 Suite, Apt. #, etc.  
 UNIT 6**

3. Mailing Address  
**P.O. Box 1895  
 Suite, Apt. #, etc.**

City & State  
**DESTIN FL**

City & State  
**DESTIN FL**


Zip  
**32541**

Country  
**USA**

Zip  
**32540**

Country  
**USA**

**20061495**



06292005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**01-0812422**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CURTIN, JEANNE B MS.  
 ARD, SHIRLEY & HARTMAN, P.A.  
 207 W PARK AVE STE B  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**WALT LEIRER**

Street Address (P.O. Box Number is Not Acceptable)  
**SEACOAST ASSOCIATION MGT, INC  
 225 MAIN STREET #6**

City  
**DESTIN**

FL Zip Code  
**32541**

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 *Walt Leirer* **WALT LEIRER** **6.30.5**

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

**Filing Fee is \$61.25  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MIKE CARRUTHERS 3792 PINEY CROVE DR TALLAHASSEE, FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER WALT LEIRER P.O. Box 1895 DESTIN, FL 32540</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Walt Leirer* **MANAGER** **6.30.5** **850.830.7711**

Signature and typed or printed name of signing officer or director Date Daytime Phone #