2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000004054

TI FILED
Jul 25, 2005
Secretary of State

Entity Name: SOUTHSHORE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

225 MAIN STREET 225 MAIN STREET UNIT 6 STE # 6

DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

P.O. BOX 1895 DESTIN, FL 32540

FEI Number: 01-0812422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LEIRER, WALT
SEACOAST ASSOCIATION MGT, INC
225 MAIN STREET, #6
DESTIN, FL 32541 US

LEIRER, WALTER
SEACOAST ASSOCIATION MGT., INC.
225 MAIN STREET, STE #6
DESTIN, FL 32541 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: WALTER LEIRER 07/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 CARRWITHERS, MIKE
 Name:
 CARRUTHERS, MICHAEL

 Address:
 3792 PINEY GROVE DR
 Address:
 3792 PINEY GROVE DR

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 TALLAHASSEE, FL 32311

Title: MGR () Delete Title: VP (X) Change () Addition Name: LORER, WALTER Name: ROHRER, CHARLOTTE

 Address:
 P.O. BOX 1395
 Address:
 4564 WOODWIND DRIVE

 City-St-Zip:
 DESTIN, FL 32540
 City-St-Zip:
 DESTIN, FL 32541

Title: () Delete Title: S/T () Change (X) Addition

Name:Name:MOORE, GLENDAAddress:Address:120 GARDEN LANE

City-St-Zip: City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER LEIRER RA 07/25/2005