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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04858 (9)

1. Corporation Name
SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
SOUTH SHORE RESORT LAKE WALES FL 33853 US
7337 HWY 60 E LAKE WALES FL 33853-9292 US

3. Date Incorporated or Qualified 08/24/1984	3a. Date of Last Report 04/09/1996
4. FEI Number 80-2504221 59-3358779	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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 Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
BECKER & POLIAKOFF, P.A.
500 WINDERLY PLACE, SUITE 104
MATLAND FL 32751
Chris Draper

10. Name and Address of New Registered Agent
81 Name
Becker & Poliakoff, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
500 Winderly Place, Suite 104
83
84 City
Maitland FL 85 Zip Code
32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SMITH, JACK D
STREET ADDRESS	7337 HWY 60 E
CITY-ST-ZIP	LAKE WALES FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCHADBERG, J R
STREET ADDRESS	7337 HWY 60 E
CITY-ST-ZIP	LAKE WALES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GUMOLA, RICHARD
STREET ADDRESS	7337 SR 60 E
CITY-ST-ZIP	LAKE WALES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FELTON, RICHARD A
STREET ADDRESS	7337 HWY 60 E
CITY-ST-ZIP	LAKE WALES FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KNOWLTON, ROSEMARY
STREET ADDRESS	7337 HWY 60 E
CITY-ST-ZIP	LAKE WALES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice-Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Finta, Robert
2.3 STREET ADDRESS	7337 Hwy 60 E., Lot 24
2.4 CITY-ST-ZIP	Lake Wales, FL 33853
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Rosemary Knowlton* Secretary 2-24-97 941-696-2674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053904

CR2E037 (9/96)