FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N04858 SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION.

Principal Place of Business SOUTH SHORE RESORT LAKE WALES FL 33853

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

7337 HWY 60 E LAKE WALES FL 33853

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FILED Mar 10, 1999 8:00 am Secretary of State

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|--|

Date Incorporated or Qualified

08/24/1984

Suite, Apr	t # etc	0.14 4 4 12 4								
22	", 60.	Suite, Apt. #, etc.				4. FEI Number			A	pplied For
City & Sta	ate	City & State				59:3358	779		N	ot Applicable
23	Oily a State			5. Certifcate of Status Desired			Status Desired		\$8.75	Additional
Zip	Country	Country Zip Cou							Fee R	equired
24	25	· — "			Intry 6. Election Campaign Financing				\$5.00 May Be	
	9. Name and Address of Current	29	30			Trust Fund		_	Added	to Fees
	Ivalle and Address of Current	Registered Agent				10. Name and	Address of New I	Registered	Agent	
			8	11	Name					
BECKER AND POLIAKOFF PA					Street Addres	ss (P.O. Box Num	ber is Not Accepta	ahla)		
500 WINDERLY PL						(от в послосери	2010)		
104										
MAITLAND FL 32751					<u></u>					
			8-		City			FI	1 1	Code
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617.1508, Florida Statute	s, the above	ve-n	amed corpora	ation submits this	Statement for the		changing its	rogistored
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was au	thorized by	y the	e corporation'	s board of directo	rs. I hereby accep	ot the appoi	intment as re	gistered
SIGNATURE		,	da Statute	13.			•			
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Recistered Are	ent sic	gnature required wi	han mineration				
12.	OFFICERS AND DIRECTORS 13				a reduces as		HANGES TO OF	DATE FICERS AN	IN DIDECTO	DE IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					- OLIVO AI	Change	Addition
NAME	SMITH, JACK D		1.2 NAME		{				Criange	Addition
STREET ADDRESS	7337 HWY 60 E				DDEAG					
CITY-ST-ZIP	LAKE WALES FL		1.3 STREE							j
TITLE	VP VP	☐ DELETE	1.4 CITY-5	ST-ZN	P					
NAME	FINTA, ROBERT		2.1 TITLE						Change	☐ Addition
STREET ADDRESS	7337 HWY 60 E LOT 24		2.2 NAME		-		·			_
CITY-ST-ZIP			2.3 STREE	T AD(DRESS					1
TITLE	LAKE WALES FL D		2.4 CITY-	ST-ZI	P					
NAME		☐ DELETE	3.1 TITLE						Change	☐ Addition
	KUNKEL, WILLIAM		3.2 NAME							
STREET ADDRESS	7337 SR 60 E		3.3 STREE	TADE	DRESS					
CITY-ST-ZIP	LAKE WALES FL	<u></u>	3.4. CfTY-5	ST-ZH	P					ł
TTLE	XX	DELETE	4.1 TITLE		TD				Change	Addition
NAME	A ARANGRICHARD A		4. 2 NAME		1					
STREET ADDRESS	7337 HWY-60-E		4.3 STREET	TADD	_{ress} Vog	T, ARLE	Y L.			. (
CITY-ST-ZIP	LAKE WALES EL X		4.4 CITY-S		7337 8	S.R. 60E Lot	33, Lake Wa	رنگینید. خواد مستمان		
TITLE	SD	☐ DELETE	5.1 TIRE	1-21			Lave wa	IIIS, FL		- Addison
NAME	HEATH, MARION		5.2 NAME						Change	☐ Addition
STREET ADDRESS	7337 SR 60 E		5.3 STREET	FADD	RESS					
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-S1		1					1
TITLE	The state of the s	☐ DELETE	6.1 TITLE	1-211						
NAME		- PLLETE	6.2 NAME						Change	☐ Addition
STREET ADDRESS)
CITY-ST-ZIP			6.3 STREET		RESS					İ
νι 1 - 31 - ΔΙΓ			84 CITY, ST	T. 710	ı					

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 Block 12 or Block 13 if changed, or on an attagment with any address, with any other like empowered.