

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90008 007 \*\*\*\*61.25

**DOCUMENT # N04858**

1. Entity Name

**SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

**SOUTH SHORE RESORT  
 LAKE WALES FL 33853  
 US**

**7337 HWY 60 E  
 LAKE WALES FL 33853-9292  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3358779**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER AND POLIAKOFF PA  
 500 WINDERLY PL  
 104  
 MAITLAND FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE: PD <input checked="" 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"/> Change <input type="checkbox"/> Addition NAME: FINTE, ROBERT STREET ADDRESS: 7337 HWY 60 E. Lot 24 CITY-ST-ZIP: LAKE WALES, FL 33853-9292
TITLE: VP <input checked="" type="checkbox"/> Delete NAME: FINTE, ROBERT STREET ADDRESS: 7337 HWY 60 E LOT 24 CITY-ST-ZIP: LAKE WALES FL	TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: KARICKHOFF, MARVIN STREET ADDRESS: 7337 HWY 60 E. Lot 81 CITY-ST-ZIP: LAKE WALES, FL 33853-9292
TITLE: D <input checked="" type="checkbox"/> Delete NAME: KUNKEL, WILLIAM STREET ADDRESS: 7337 SR 60 E CITY-ST-ZIP: LAKE WALES FL	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SMITH JACK D. STREET ADDRESS: 7337 HWY 60 E. Lot 11 CITY-ST-ZIP: LAKE WALES, FL 33853-9292
TITLE: TD <input checked="" type="checkbox"/> Delete NAME: VOGT, ARLEY L STREET ADDRESS: 7337 HWY 60 E CITY-ST-ZIP: LAKE WALES FL	TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: KUNKEL, WILLIAM R. STREET ADDRESS: 7337 HWY 30 E. Lot 39 CITY-ST-ZIP: LAKE WALES, FL 33853-9292
TITLE: SD <input type="checkbox"/> Delete NAME: HEATH, MARION STREET ADDRESS: 7337 SR 60 E CITY-ST-ZIP: LAKE WALES FL	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

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: *Robert Finta* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863  
 3-6-00 696-7117  
Date Daytime Phone #

CR2E037 (9/99)