

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N98000001390

Entity Name: LAS VILLAS OF SOUTH SHORE, INC.

Current Principal Place of Business:

201 14TH STREET S.E.
STE H
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

1315 CASA BONITA AVE
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-3581174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURKE, EILEEN M
201 14TH STREET S.E.
STE H
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURKE, EILEEN
Address: 1315 CASA BONITA AVE
City-St-Zip: RUSKIN, FL 33570 US

Title: D () Delete
Name: ORTIZ, VANESSA
Address: 201 14TH STREET S.E.
City-St-Zip: RUSKIN, FL 33570 US

Title: D () Delete
Name: SHIPMAN, JOAN
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAIME, RAMIRO
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570 US

Title: VP (X) Change () Addition
Name: YOUNG, JACKIE
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570 US

Title: TR (X) Change () Addition
Name: SHIPMAN, JOAN
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570

Title: SEC () Change (X) Addition
Name: SANTIAGO, RAMONITA
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570

Title: D () Change (X) Addition
Name: BURKE, EILEEN
Address: 1315 CASA BONITA AVE.
City-St-Zip: RUSKIN, FL 33570

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MONIQUE STEINER

CAM

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date