2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N0400000654

SIGNATURE:



Feb 23, 2007 8:00 am Secretary of State

FILED

1. Entity Name SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.									02-23-2007	90032 02	4	01.2	25
Principal Place of Business 10210 HIGHLAND MANOR DR., STE. 100A TAMPA, Ft. 33610				Mailing Address 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202				4 1 0 8 1 14 0 1 1 1 0 1 1 0	21/1 210 11 2 0 111 2 2 111 2	THE SUM SUM SUM	na akti it	ici Gibli	1) 4) (RT)
2. Principal P	ing Address												
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01312007	Chg-NP	CR2E03	37 (12/0)6)		
City & State	9		City & State					4. FEI Number Applied For 05-0539520 Not Applicab					
Zip	Country			Zip Co			5. Certificate of Status Desired S8.75 Addit Fee Required						
	6. Name	and Address of Current	Registere	d Agent				7. Name and #	Address of New	Registered A	Agent		
WILSON I	OUGLAS	3 F	Name										
WILSON, DOUGLAS E ADVANCED MGMT OF SW FLORIDA, INC 9031 TOWN CENTER PKWY						Street Address (P.O. Box Number is Not Acceptable)							
BRADENT	ON, FL 3	4202				City					1 7 in	Codo	
						City				FL	. Zip	Code	
	named entit	y submits this statement for tered agent.	or the purpo	ose of changing its	register	ed office or	register	ed agent, or both	, in the State of F	Florida. I am i	amiliar v	vith, a	nd accept
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOTE	: Registere	d Agent signat	ure required	when reinstating)		DATE			
Filing Fee Is \$61.25 9. Election Campaign Financing Trust Fund Contribution.								\$5.00 May Be	· I	Make check			
-10	Due by n	May 1, 2007	DECTORS										
TITLE	D	OFFICERS AND DI	RECTORS	D Delete	11.	. 1		ADDITIONS/CHA	NGES TO OFFIC	EKS AND DIE	Chai		Addition
NAME	D Delete TITL BENNETT, STEPHEN										L One	iye	
STREET ADDRESS 10210 HIGHLAND MANOR DR., STI				TE. 100A STRE									
CITY-ST-ZIP						-ST-ZIP							
TITLE	D	D.41.41D		Delete	TITL		D	O Highler	00		☐ Cha	nge	Addition
NAME STREET ADDRESS	LISTON, DAVID 10210 HIGHLAND MANOR DR., STE. 100A STR.					EET ADDRESS	1021	O' Highlar	Marci	- Dr. Su	اكدا	0 <i>0</i> ×	,
CITY-ST-ZIP						-ST-ZIP	700	Da, FC	33610				
TITLE	D			☐ Dalatu	TITL	Ε		15-1			☐ Chai	ige	` ☐ Addition
NAME DARVIN, HOWARD NAME						_							
STREET ADDRESS CITY-ST-ZIP	10210 HK TAMPA, F	GHLAND MANOR DR., FL 33610	STE. 100	A		ET ADDRESS '-ST-ZIP							
TITLE	AS			☐ Delete	TITL						☐ Chai	nge	☐ Addition
NAME		DOUGLAS E			NAM							•	_
STREET ADDRESS		MN CTR PKWY				ET ADDRESS							
CITY-ST-ZIP	BRADEN	TON, FL 34202				-ST-ZIP							
TITLE NAME				☐ Delete	TITL						☐ Cha	nge	☐ Addition
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
TITLE				☐ Delete	TITL						☐ Cha	nge	☐ Addition
NAME					NAM	ie Eet address							
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP							
	ertify that th	e information supplied with	n this filing	does not qualify for	the exe	emptions c	L ontained	in Chapter 119,	Florida Statutes	I further cert	ify that t	he inf	ormation
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.													