

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710814

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC4110101133**

**Entity Name:** SOUTH SHORE WATER ASSOCIATION, INC.

**Current Principal Place of Business:**

1454 EAST US HWY 27  
CLEWISTON, FL 33440

**Current Mailing Address:**

PO BOX 218  
CLEWISTON, FL 33440

**FEI Number:** 59-1141578

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MCCALLUM, JOHN T  
626 W SUGARLAND HWY  
CLEWISTON, FL 33440 US

*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

**Officer/Director Detail :**

Title P  
Name RIDGDILL, MORRIS E.  
Address 209 CYPRESS AVE  
City-State-Zip: CLEWISTON FL

Title D  
Name STILES, STEVEN N  
Address P.O. BOX 1034  
City-State-Zip: CLEWISTON FL

Title VPD  
Name PERRY, TOMMY  
Address PO BOX 1029  
City-State-Zip: CLEWISTON FL 33440

Title D  
Name HATFIELD , DWIGHT  
Address 818 W ROYAL PALM AVENUE  
City-State-Zip: CLEWISTON FL 33440

Title STD  
Name MCCALLUM, JOHN  
Address 626 W SUGARLAND HWY  
City-State-Zip: CLEWISTON FL

*I hereby 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 all other like empowered.*

**SIGNATURE:** FELIPA GARZA

**OFFICE MANAGER**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date