SIGNATURE	: KAREN WONSETLER			05/13/2021
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VP	
Name	BRAMEL, TAMMIE	Name	LEAHY, JOSEPH	
Address	5831 CASCADE FALLS DRIVE,	Address	5831 CASCADE FALLS DRIVE,	
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572	
Title	TREASURER	Title	SECRETARY	
Name	RASCHKE, DANNIE	Name	SMITH, PATTY	
Address	5831 CASCADE FALLS DRIVE,	Address	5831 CASCADE FALLS DRIVE,	
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572	
Title Name	DIRECTOR CASALS, PEDRO			
Address	5831 CASCADE FALLS DRIVE,			
City-State-Zip:	APOLLO BEACH FL 33572			

5831 CASCADE FALLS LANE APOLLO BEACH, FL 33572 US

FEI Number: 05-0539520

Current Mailing Address:

5831 CASCADE FALLS LANE

Name and Address of Current Registered Agent:

KAREN WONSETLER, P.A. 860 N ORANGE AVE ORLANDO, FL 32801 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.

APOLLO BEACH, FL 33572

Current Principal Place of Business:

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: TAMMIE BRAMEL

PRESIDENT

05/13/2021

Electronic Signature of Signing Officer/Director Detail

FILED May 13, 2021 Secretary of State 9421551437CC

Certificate of Status Desired: No

Date

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0400000654

Entity Name: SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.