

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04858

**Entity Name:** SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**5099717014CC**

**Current Principal Place of Business:**

7337 HWY 60 EAST  
LAKE WALES, FL 33898-9292

**Current Mailing Address:**

7337 HWY 60 EAST  
LAKE WALES, FL 33898-9292 US

**FEI Number: 59-3358779**

**Certificate of Status Desired: Yes**

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

SOUTH MILHAUSEN, P.A.  
ATTN: JOHN CHRISTENSEN, ESQ  
1000 LEGION PL STE 1200  
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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT (INTERIM)  
Name            VAN HEUKELUM, TEERY  
Address        7390 INTERNATIONAL CIRCLE  
City-State-Zip: LAKE WALES FL 33898-9292

Title            TREASURER  
Name            BALDES, PETE  
Address        7335 INTERNATIONAL CIRCLE  
City-State-Zip: LAKE WALES FL 33898

Title            DIRECTOR AT LARGE  
Name            WILD, BILL  
Address        7332 INTERNATIONAL CIRCLE  
City-State-Zip: LAKE WALES FL 33898

Title            V.P.  
Name            VAN HEUKELUM, TERRY  
Address        7390 INTERNATIONAL CIRCLE  
City-State-Zip: LAKE WALES FL 33898

Title            SECY  
Name            LEWIS, JAMES M  
Address        7345 MIDWAY LANE  
City-State-Zip: LAKE WALES FL 33898

*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: JAMES M. LEWIS**

**SECRETARY**

**04/14/2023**

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

\_\_\_\_\_  
Date