

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

DOCUMENT# N98000001390

**Entity Name:** LAS VILLAS OF SOUTH SHORE, INC.

**Current Principal Place of Business:**

409 E. COLLEGE AVE  
RUSKIN, FL 33570

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC2857705319**

**Current Mailing Address:**

PO BOX 747  
RUSKIN, FL 33575 US

**FEI Number: 90-0682647**

**Certificate of Status Desired: No**

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

TRIMMER, CHRISTINE M  
409 E. COLLEGE AVE  
RUSKIN, FL 33570 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: CHRISTINE M TRIMMER**

**03/16/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BURKE, EILEEN  
Address PO BOX 747  
City-State-Zip: RUSKIN FL 33575

Title SECRETARY  
Name CHRISELDA, CARMONA  
Address PO BOX 747  
City-State-Zip: RUSKIN FL 33575

Title TREASURER  
Name RIOS, DESIREE  
Address PO BOX 747  
City-State-Zip: RUSKIN FL 33575

Title VP  
Name SALDANA, MARGARITA  
Address PO BOX 747  
City-State-Zip: RUSKIN FL 33575

Title OFFICER  
Name KLAKAMP, PARTICIA  
Address PO BOX 747  
City-State-Zip: RUSKIN FL 33575

*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: CHRISELDA CARMONA**

**SECRETARY**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date