

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710814

FILED
Jan 20, 2006
Secretary of State

Entity Name: SOUTH SHORE WATER ASSOCIATION, INC.

Current Principal Place of Business:

1454 EAST US HWY 27
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

PO BOX 218
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 59-1141578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCALLUM, JOHN T
535 E DEL MONTE
CLEWISTON, FL 33440 US

Name and Address of New Registered Agent:

MCCALLUM, JOHN T
700 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:

01/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIDGDILL, MORRIS E.,
Address: 209 CYPRESS AVE
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: STEVE N STILES,
Address: P.O. BOX 1034
City-St-Zip: CLEWISTON, FL

Title: VPD () Delete
Name: PERRY, TOMMY
Address: PO BOX 1029
City-St-Zip: CLEWISTON, FL 33440

Title: D () Delete
Name: HATFIELD, DWIGHT,
Address: 818 W ROYAL PALM AVENUE
City-St-Zip: CLEWISTON, FL

Title: STD () Delete
Name: MCCALLUM, JOHN,
Address: 435 EAST DEL MONTE
City-St-Zip: CLEWISTON, FL

Title: D () Delete
Name: SMITH, WAYNE,
Address: 3325 E CR 720
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOMMY PERRY

VP

01/20/2006

Electronic Signature of Signing Officer or Director

Date