FILED

407-323-0303 407-330-2883

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Jan 10, 2001 8:00 am **DOCUMENT # 756093** Secretary of State SOUTHERN SHORES CONDOMINIUM, INC. 01-10-2001 90070 042 ****61.25 Mailing Address Principal Place of Business PO BOX 1111 PO BOX 1111 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-0673981 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee.Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEVERLY GRISSOM dress (P.O. Box Number is Not Acceptable) WILSON, G. MATTHEW 2680 S OCEANSHORE BLVD FLAGALER BCH FL 32136 City Zip Code 32340 MADISON 8. 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 BEIERLY GRESSOM, PresideNT (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE GRISSOM, BEVERLY DR ☐ Delete TITLE GRISSON, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 1000 TURNER DAVIS DR MADISON, FL 32340 CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP X Addition Change VD. ___ **Z2N**Delete TITLE TITLE RAY HUNT GALLAGHER, RICHARD NAME NAME 180 ST. DAVIA'S WAY STREET ADDRESS 2682 S OCEANSHORE BLVD STREET ADDRESS WELLINGTON, FL 33414 CITY-ST-ZIP FLAGLER BEACH FL 32136 CITY-ST-ZIP Change **X** Addition TIT! F Delete TITLE ROWALD G. SIDES WILSON, MATHEW G. NAME 451 FLORA Creek CT 2680 S OCEANSHORE BLVD STREET ADDRESS STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP CITY-ST-ZIP FLAGLER BCH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

with all other like empowered.