2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State
08-15-2005 90081 038 ****61.25

DOCUMENT # 756093

1. Entity Name
SOUTHERN SHORES CONDOMINIUM, INC.

50061613

Principal Place of Business	Mailing Address
PO BOX 1111 FLAGLER BEACH, FL 32136	PO BOX 1111 FLAGLER BEACH, FL 32136

08052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0673981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRISSOM, BEVERLY 1 BENT STREAM WAY ORMOND BEACH, FL 32174	Name: LINDA HUNT Street Address (P.O. Box Number is Not Acceptable): 180 ST DAVID'S WAY City: WELLINGTON, FL 33414 FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Linda L Hunt 8/6/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRISSON, BEVERLY 1 BENT STREAM WAY ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRISSOM, BEVERLY 1 BENT STREAM WAY ORMOND BEACH, FL 32174	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUNT, RAY 180 ST DAVIA'S WAY WELLINGTON, FL 33414	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUNT, LINDA 180 ST DAVID'S WAY WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIDES, RONALD G 451 FLORA CREEK CT LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SIDES, RONALD G. 451 FLORA Creek CT LAKE MARY, FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DEBRA MELVIN 9681 BARBER LOOP MACCLENNY, FL 32063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Debra P. Melvin 8/6/05 (904)259-0439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #