2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 756093

1. Entity Name
SOUTHERN SHORES CONDOMINIUM, INC.

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

DO NOT WRITE IN THIS SPACE

01312006 No Chg-NP CR2E037 (11/05)

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

HUNT, LINDA
180 ST DAVID'S WAY
WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GRISSON, BEVERLY
STREET ADDRESS	1 BENT STREAM WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	PD
NAME	HUNT, LINDA
STREET ADDRESS	180 ST DAVID'S WAY
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	TD
NAME	SIDES, RONALD G
STREET ADDRESS	451 FLORA CREEK CT
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	SD
NAME	MELVIN, DEBRA
STREET ADDRESS	9681 BARBER LOOP
CITY-ST-ZIP	MACCLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000566990
06/12/06-80003-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 6/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #