

**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.	
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Principal Place of Business PO BOX 1111 FLAGLER BEACH, FL 32136	Mailing Address PO BOX 1111 FLAGLER BEACH, FL 32136
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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

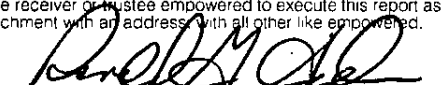
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRISSON, BEVERLY 1 BENT STREAM WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNT, LINDA 180 ST DAVID'S WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIDES, RONALD G 451 FLORA CREEK CT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MELVIN, DEBRA 9681 BARBER LOOP MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000566990
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 6/5/06 Daytime Phone: # _____