2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 756093 1. Entity Name SOUTHERN SHORES CONDOMINIUM, INC.						08 JUL 21 AHII: 44			L;		
PO BOX 1111 PO				ailing Address O BOX 1111 LAGLER BEACH, FL 32136			ALLAHASSEE, FLORIDA				
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				07152008 Ch	g-NP CR2E	037 (12/06)		
City & State			City & State				4. FEI Number 59-067398	1	<u> </u>	plied For t Applicable	
Zip	Country		Zip		Country		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
MELVIN, DEBRA 9681 BARBER LOOP MACCLENNY, FL 32063					Street	Street Address (P.O. Box Number is Not Acceptable)					
						City WELLINGTON FL Zip Code 33414					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campa Trust Fund Conf							\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	Lyco	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND			
TITLE NAME	VSD GRISSON, BEVERLY			☐ Delete	TITLE NAME	SD	550M, BE	EVERLY	⊠ Change	☐ Addition	
STREET ADDRESS	DRESS 1 BENT STREAM WAY				STREET ADDRESS	IB	ENTSTRE	AM WAY			
CITY-ST-ZIP					CITY-ST-ZIP	OR	MOND BE	ACH, FL ?	32174		
TITLE NAME	TD SIDES, RONALD G			☐ Delete	TITLE NAME		_ · · -			☐ Addition	
STREET ADDRESS	1				STREET ADDRESS		800133395388 07/24/0801032004_**61 .2 5				
CITY-ST-ZIP	LAKÉ MARY, FL 32746				CITY-ST-ZIP		O 17 C 77 O		1 <u>**</u> **D1 **	(5	
TITLE NAME	PD Delete MELVIN, DEBRA				TITLE NAME				☐ Change	Addition	
STREET ADDRESS	9681 BARBER LOOP				STREET ADDRESS						
CITY-ST-ZIP	MACCLE	NNY, FL 32063			CITY-ST-ZIP	151	2				
TITLE NAME				☐ Delete	TITLE NAME	KA) N. M.	NT NDS WAY	Change	Addition	
STREET ADDRESS					STREET ADDRESS	M/E	= III NGTON	1, FL 33	414	j	
CITY-ST-ZIP				Пъ	CITY-ST-ZIP	 				rfz/Augg	
TITLE NAME				☐ Delete	TITLE NAME	VO	ICHAEL T	MELVIN ER LOOP	Change	Addition	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP	96	RI BARI ACCLENN	ER LOOP	7-7 a		
TITLE				☐ Delete	TITLE	1//	HULLEN N	y, 1- L	3 <u>2.0 6 3</u> □ Change	Addition	
NAME					NAME					_	
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
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 of fruglee 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 putter like empowered.											
SIGNATURE: X Ce 1 H Start 07.18.08 561.798.4423											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date											