2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756093

FILED Apr 13, 2009 Secretary of State

DOCON	ILIVI# 100	000		Secretary of State	
Entity Na	me: SOUTHE	RN SHORES CONDOMINIUN	1, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 1111 FLAGLER BEACH, FL 32136				9681 BARBER LOOP MACCLENNY, FL 32063	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
PO BOX 1 FLAGLER	111 BEACH, FL 3	2136			
FEI Number	: 59-0673981	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MACCLEN	e of Florida.		ourpose of changing its register	ed office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SD (GRISSOM, BE 1 BENT STREA ORMOND BEA	M WAY	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	TD (SIDES, RONAI 451 FLORA CF LAKE MARY, F	REEK CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Citv-St-Zip:	PD (MELVIN, MICH 9681 BARBER MACCLENNY.	LOOP	Title: Name: Address: Citv-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD G. SIDES TD 04/13/2009