## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 756093**

1. Entity Name

## SOUTHERN SHORES CONDOMINIUM, INC.



FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90224 030 \*\*\*\*61.25

Principal Place of Business Mailing Address PO BOX 1111 PO BOX 1111 40007371 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-0673981 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRISSOM, BEVERLY Street Address (P.O. Box Number is Not Acceptable) BENT STREAM WAY 1000-TURNER DAVIS DR ORMOND BEACH, FL 32174 MADISON FL 32340 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CRITION, BEVERLY I BENT STREAM WAY PD TITLE Change ☐ Addition TITLE ☐ Delete GRISSON, BEVERLY NAME STREET ADDRESS STREET ADDRESS 1000 TURNER DAVIS DR CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Delete Change ☐ Addition TITLE TITLE NAME HUNT, RAY STREET ADDRESS STREET ADDRESS 180 ST DAVIA'S WAY WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIE STD TITLE: Addition Delete TITLE

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 a 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.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

Delete

☐ Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE:

NAME STREET ADDRESS

TITLE

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CITY-ST-7/P

STREET ADDRESS CITY-ST-ZIP SIDES, RONALD G

451 FLORA CREEK CT

LAKE MARY FL 32746

PARKET ASSE

1/19/03

407-323-0303

Change Change

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Addition

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R2E037 (10/02)