


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 023 ****61.25


DOCUMENT # N00000002165.	
1. Entity Name SOUTH SHORES NEIGHBORHOOD WATCH ASSOCIATION, INC.	

Principal Place of Business 2116 HUNTSFORD ROAD JACKSONVILLE FL 32207	Mailing Address 2116 HUNTSFORD ROAD JACKSONVILLE FL 32207
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2. Principal Place of Business 725 Old Hickory Rd. Suite, Apt. #, etc.	3. Mailing Address 725 Old Hickory Rd. Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207	Country USA

94071578



MOORE CR2E037 (11/03)

4. FEI Number 59-3694991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMBACH, DEBORAH 2121 SOUTHAMPTON ROAD JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name: Jeannine Balanky Street Address (P.O. Box Number is Not Acceptable): 725 Old Hickory Rd. City: Jacksonville FL Zip Code: 32207
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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: Jeannine Balanky (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME ULRICH, GARY <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 919 OLD HICKORY	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP
TITLE VPD	NAME WITTWER, JANE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2116 HUNTSFORD ROAD	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP
TITLE SD	NAME GRIGGS, DENISE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 830 OLD HICKORY	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME BALANKY, JEANINE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 725 OLD HICKORY	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME DUNAHOE, SUSAN <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 746 OLD HICKORY	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME TYRE, LETTY WOOD <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1025 SOUTH SHORES	CITY-ST-ZIP JACKSONVILLE FL 32207	STREET ADDRESS	CITY-ST-ZIP

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 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: Jeannine Balanky Jeannine Balanky 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #