

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90228 030 ****61.25

DOCUMENT # N03000002191

1. Entity Name
SOUTH SHORE OAKS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 11172 SHORE DRIVE LAKE WALES FL 33898
 Mailing Address: 11172 SHORE DRIVE LAKE WALES FL 33898

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

4. FEI Number: **56-2329597** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
MCLENDON, JAMES C II
240 EAST PARK AVENUE
LAKE WALES FL 33853

7. Name and Address of New Registered Agent
 Name: **JEFFREY M. LASMAN, ESQUIRE**
 Street Address: **22045 Buckingham Run Drive**
 City: **Valrico** FL Zip Code: **33594**

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]* DATE: **April 16, 2005**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ROSIER, B C 11172 SHORE DRIVE LAKE WALES FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT KIRK, CLEO 11160 SHORE DRIVE LAKE WALES FL 33898 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITMAN, GLORIA 22045 ST. CLOUD AVE. VALRICO FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIPHANT, MILTON D 1650 CLYDESDALE RD. LOXAHATCHEE FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *BC Rosier* **BC ROSIER (P)** 4-4-05 863-696-8986

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