


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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
Zip Country

1st MOORE CR2E037 (10/05)
4. FEI Number: **56-2329597** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LASMAN, JEFFREY M ESQ
2424 BUCKHORN RUN DR
VALRICO FL 33594**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature: Typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| 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 | VPDT KIRK, CLEO 11160 SHORE DRIVE LAKE WALES FL 33898 | <input type="checkbox"/> Delete |
| 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 | D OLIPHANT, MILTON D 1650 CLYDESDALE RD. LOXAHATCHEE FL 33470 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 100000490595 04/18/06-80062-018 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 exemptions contained in Section 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 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: *B.C. Rosier* **BC ROSIER** President **3-30-06**