

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90035 024 \*\*\*\*61.25



DOCUMENT # N03000002191				1. Entity Name		SOUTH SHORE OAKS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.	
Principal Place of Business				Mailing Address			
11172 SHORE DRIVE LAKE WALES FL 33898				11172 SHORE DRIVE LAKE WALES FL 33898			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LASMAN, JEFFREY M ESQ 2424 BUCKHORN RUN DR VALRICO FL 33594				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 _____ DATE _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007			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							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PDC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSIER, B C			NAME			
STREET ADDRESS	11172 SHORE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	LAKE WALES FL 33898			CITY- ST- ZIP			
TITLE	VPDT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRK, CLEO			NAME			
STREET ADDRESS	11160 SHORE DRIVE			STREET ADDRESS			
CITY- ST- ZIP	LAKE WALES FL 33898			CITY- ST- ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITMAN, GLORIA			NAME			
STREET ADDRESS	22045 ST. CLOUD AVE.			STREET ADDRESS			
CITY- ST- ZIP	VALRICO FL 33594			CITY- ST- ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLIPHANT, MILTON D			NAME			
STREET ADDRESS	1650 CLYDESDALE RD.			STREET ADDRESS			
CITY- ST- ZIP	LOXAHATCHEE FL 33470			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES A Whitman			NAME			
STREET ADDRESS	2204 S. SAINT CLOUD AVE.			STREET ADDRESS			
CITY- ST- ZIP	VALRICO FL. 33594-4762			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			



1st MOORE CR2E037 (10/06)

4. FEI Number 56-2329597 Applied For Not Applicable

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

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: BC Rosier BC Rosier 4-2-07 863-696-8986  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #