

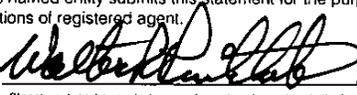
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90185 047 ****61.25

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DOCUMENT # N04000004054			
1. Entity Name SOUTHSHORE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 225 MAIN STREET STE # 6 DESTIN, FL 32541		Mailing Address P.O. BOX 1895 DESTIN, FL 32540	
2. Principal Place of Business 5311 E. COUNTY HWY 30-A Suite, Apt. #, etc. STES		3. Mailing Address 5311 E. COUNTY HWY 30-A Suite, Apt. #, etc. STE 5	
City & State SANTA ROSA BEACH, FL		City & State SANTA ROSA BEACH, FL	
Zip 32459	Country	Zip 32459	Country
6. Name and Address of Current Registered Agent LEIRER, WALTER SEACOAST ASSOCIATION MGT., INC. 225 MAIN STREET, STE # 6 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name: WALTER R PRITCHETT Street Address (P.O. Box Number is Not Acceptable): 5311 E COUNTY HWY 30-A STES City: SANTA ROSA BEACH FL Zip Code: 32459	
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:  WALTER R. PRITCHETT		DATE: 4/26/2006	
Filing Fee is \$61.25 Due by May 1, 2006		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: P	NAME: CARRUTHERS, MICHAEL	TITLE: DU	NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3792 PINEY GROVE DR	CITY-ST-ZIP: TALLAHASSEE, FL 32311	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: VP	NAME: ROHRER, CHARLOTTE	TITLE: DP	NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4564 WOODWIND DRIVE	CITY-ST-ZIP: DESTIN, FL 32541	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: S/T	NAME: MOORE, GLENDA	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 120 GARDEN LANE	CITY-ST-ZIP: SANTA ROSA BEACH, FL 32459	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE: D	NAME: WELSH, WILLIAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS: 4801 ROSEMONT PLACE	CITY-ST-ZIP: PENSACOLA, FL 32514
TITLE:	NAME:	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE:	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		DATE: 4/26/2006 850-231-6004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	