

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04858

1. Entity Name

SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION,

Principal Place of Business

SOUTH SHORE RESORT  
LAKE WALES FL 33853  
US

Mailing Address

7337 HWY 60 E  
LAKE WALES FL 33853  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3358779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BECKER AND POLIAKOFF PA  
500 WINDERLY PL  
104  
MAITLAND FL 32751

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FINTA, ROBERT  
STREET ADDRESS 7337 HWY 60 E. LOT 24  
CITY-ST-ZIP LAKE WALES FL 33853-9292 ☐ Delete

TITLE VP  
NAME KARICKHOFF, MARVIN  
STREET ADDRESS 7337 HWY 60 E., LOT 81  
CITY-ST-ZIP LAKE WALES FL 33853-9292 ☐ Delete

TITLE D  
NAME KUNKEL, WILLIAM  
STREET ADDRESS 7337 SR 60 E  
CITY-ST-ZIP LAKE WALES FL ☒ Delete

TITLE TD  
NAME KUNKEL, WILLIAM R  
STREET ADDRESS 7337 HWY 30 E. LOT 39  
CITY-ST-ZIP LAKE WALES FL 33853-9292 ☐ Delete

TITLE SD  
NAME HEATH, MARION  
STREET ADDRESS 7337 SR 60 E  
CITY-ST-ZIP LAKE WALES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME SMITH, JACK SR.  
STREET ADDRESS 7337 HWY 60 E. LOT 29  
CITY-ST-ZIP LAKE WALES, FL 33853-9292 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Richard E. Hentz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/01 863-696-267

Date

Daytime Phone #

CR2E037 (10/00)