2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 14, 2009
Secretary of State

DOCUMENT# N04858

Entity Name: SOUTH SHORE R.V. RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SOUTH SHORE RESORT
LAKE WALES, FL 338989292 US

New Principal Place of Business:

Current Mailing Address:

7337 HWY 60 E
LAKE WALES, FL 338989292 US

New Mailing Address:

FEI Number: 59-3358779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF PA
500 WINDERLY PL
104
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HINKLEY, NANCY
Address: 7349 INTERNATIONAL CR
City-St-Zip: LAKE WALES, FL 33898

Title: VP ( ) Delete
Name: KARICKHOFF, MARVIN
Address: 7228 WINDSONG
City-St-Zip: LAKE WALES, FL 338539292

Title: D ( ) Delete
Name: SMTIH, JACK SR
Address: 7343 INTERNATIONAL CR
City-St-Zip: LAKE WALES, FL 33898

Title: SDT ( ) Delete
Name: TOLSMA, JAMES L
Address: 7223 WINDSONG DR
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HINKLEY, NANCY E
Address: 7349 INTERNATIONAL CR
City-St-Zip: LAKE WALES, FL 33898

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: TOLSMA, JAMES L
Address: 7223 WINDSONG DR
City-St-Zip: LAKE WALES, FL 33898

Title: SECY ( ) Change (X) Addition
Name: MCALLISTER, SAMUEL M
Address: 7339 INTERNATIONAL CR
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY E HINKLEY, PRESIDENT PRES 11/14/2009

Electronic Signature of Signing Officer or Director — Date