

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

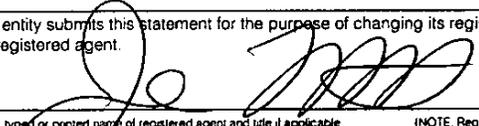
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May 04, 2005 8:00 am
Secretary of State

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03112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N33076					
1. Entity Name SOUTH SHORE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US		Mailing Address 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0080675	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEARY, MICHAEL E 12600 NW HARBOUR RIDGE BLVD PO BOX 2451 STUART, FL PALM CITY, FL 34990			Name Jane Cornett Cornett, Googe & Associates, PA 401 E. Osceola Street, First Floor Stuart, FL 34994		
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 if applicable		DATE 4-21-05	
Filing Fee is \$61.25 Due by May 1, 2005		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	DS	<input checked="" type="checkbox"/> Delete	TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLICKLEN, BARBARA		NAME	ROSSI, JOAN	
STREET ADDRESS	12368 HARBOUR RIDGE BLVD		STREET ADDRESS	12392 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONNELL, JAMES R.		NAME	KNISTER, James	
STREET ADDRESS	12416 HARBOUR RIDGE BLVD.		STREET ADDRESS	12360 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPECHT, LAWRENCE		NAME	Specht, Lawrence	
STREET ADDRESS	12388 HARBOUR RIDGE BLVD		STREET ADDRESS	12388 Harbour Ridge Blvd.	
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Goodnow, Richard	
STREET ADDRESS			STREET ADDRESS	12406 Harbour Ridge Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Nelson, Linda	
STREET ADDRESS			STREET ADDRESS	12392 Harbour Ridge Blvd.	
CITY-ST-ZIP			CITY-ST-ZIP	Palm City, FL 34990	
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		
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: <u>Lawrence A. Specht</u>		Date: <u>4/9/05</u>		Daytime Phone #: <u>772 343-0947</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					