FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N93000005615 (0)

Mailing Address

THE PATIO HOMES OF SOUTH SHORE VILLAGE HOMEOWNER S ASSOCIATION, INC.

12600 HARBOUR RIDGE BLVD. 12600 HARBOUR RIDGE BLVD. PALM CITY FL 34990 PALM CITY FL 34990-8007 3. Date incorporated or Qualified 3a. Date of Last Report 11/24/1993 03/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0456991 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution П 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name NEARY, MICHAEL E 82 Street Address (P.O. Box Number is Not Acceptable) 12600 NW HARBOUR RIDGE BLVD 63 **SUITE 2-A** PALM CITY FL 34990 **B4** City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE ☐ Addition VOLANDT, MARTIN J NAME 1.2 NAME 12376 HARBOUR RIDGE BLVD STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE DVP 2.1 TITLE ☐ Change Addition Grimm, Peter G NAME 2.2 NAME 12310 HARBOUR RIDGE BLVD STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP PALM CIOTY FL 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition Warner, C. Randolph 12332 Harbour Ridge Blud. NAME Jurist, Michael A 3.2 NAME 13236 HARGOUR RIDGE BLVD 3.3 STREET ADDRESS STREET ADDRESS PALM CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADORESS

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

MOUTH NO VOLCHURED

2/12/94

561-336-5641

(96/6)

FILED

Mar 05 1997 8:00am

Secretary of State