

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001087 (4)**

1. Corporation Name

**SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~ATTN: MARY A. MARNELL  
5551 RIDGEWOOD DRIVE, STE. 201  
NAPLES FL 33963~~

ATTN: MARY A. MARNELL  
5551 RIDGEWOOD DRIVE, STE. 201  
NAPLES FL 33963

3. Date Incorporated or Qualified  
**03/08/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **2786 W. CROWN PTE. BLVD**

26 **2786 W. CROWN PTE BLVD.**

4. FEI Number

**65-0572520**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

**NAPLES, FL.**

27 City & State

**NAPLES, FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip

**33962**

25 Country

**U.S.A**

29 Zip

**33962**

30 Country

**U.S.A**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARNELL, MARY A  
5551 RIDGEWOOD DRIVE  
SUITE 201  
NAPLES FL 33963**

81 Name

**ROGER KRAMER & ASSOCIATES**

82 Street Address (P.O. Box Number is Not Acceptable)

**2786 W. CROWN PTE. BLVD.**

83

84 City

**NAPLES**

FL

85 Zip Code

**33962**

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

*Frank J. Celsuar*

**FRANK J. CELSUAR, PROPMGR. FOR R. KRAMER**

**4/29/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **DP TAGLIONE, STEVE**  
STREET ADDRESS **% 31275 NORTHWESTERN HWY., STE. 111**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  DELETE  
NAME **DVT RICE, GEORGE**  
STREET ADDRESS **% 5167 HARROGATE COURT**  
CITY-ST-ZIP **NAPLES FL 33962**

21 TITLE  Change  Addition  
22 NAME **GLEN MULAY**  
23 STREET ADDRESS **C/O 3320 W. CROWN PTE BLVD**  
24 CITY-ST-ZIP **NAPLES, FL 33962**

TITLE  DELETE  
NAME **DS PERRY, PAULINE**  
STREET ADDRESS **% 5167 HARROGATE COURT**  
CITY-ST-ZIP **NAPLES FL 33962**

31 TITLE  Change  Addition  
32 NAME **DS WILLIAM PRICKETT JR.**  
33 STREET ADDRESS **C/O 3320 W. CROWN PTE BLVD.**  
34 CITY-ST-ZIP **NAPLES, FL 33962**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Stephen J. [Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Daytime Phone #

CR2E037 (12/95)