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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2786 W CROWN PTE BLVD, NAPLES FL 33963, US

Mailing Address: 2786 W CROWN PTE BLVD, NAPLES FL 33963, US

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

4. FEI Number: 65-0572520

Applied For:  Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30)

21: Suite, Apt. #, etc.  
22: City & State  
23: Zip  
24: Country

25: Suite, Apt. #, etc.  
26: 6732 Lone Oak Blvd  
27: City & State  
28: Naples FL  
29: Zip  
30: Collier

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
ROGER KRAMER & ASSOCIATES  
2786 W CROWN PTE. BOULEVARD  
SUITE 201  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: Roger Kramer + Associates  
82 Street Address (P.O. Box Number is Not Acceptable): 6732 Lone Oak Blvd  
83  
84 City: Naples FL 85 Zip Code: 34109

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: *[Signature]* AGENT DATE: 1/8/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	MACKENZIE, BILL	3086 W CROWN POINT BLVD	NAPLES FL	<input checked="" type="checkbox"/>
D	GILL, JOHN	3142 W CROWN POINT BLVD	NAPLES FL	<input checked="" type="checkbox"/>
D	BRALLIER, ARCEL	3178 W CROWN POINT BLVD	NAPLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	Fahrland, Robert	3184 West Crown Pointe Blvd	Naples FL, 34112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Jones, Max	1788 Holiday Lane	Naples FL 34104	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Keiter, Bud	3154 West Crown Pointe Blvd	Naples FL 34112	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Judd, Sandra Louise	3026 West Crown Pointe Blvd	Naples FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Wendling, Bill	3032 West Crown Pointe Blvd.	Naples FL 34112	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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: *[Signature]* DATE: 1-8-98 (941) 592-1577

CR2E087 (10/97)