FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State 02-25-1999 90044 023 ****61.25

FILED

DOCUMENT # N9500001087

SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

2786 W CROWN POINTE BLVD NAPLES FL 33963

Mailing Address

6732 LONE OAK BLVD NAPLES FL 34109

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<u> </u>	BOLOR CHILL CORRES BOILS WARRE CORRES BOLGE (1808)	
	- 18282 - 1913 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1883 - 1	65 161 6 11 1 56 1 153 1

2. Principal P	2. Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed						
21		26						03/08/1995						
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					Number		Applied For				
22	.,	27					-	65	0572520	• - •-		No	t Applicable	
City & State			City & State					E Cod	ifcate of Status Desi	red 🗆	•	8.75	dditional	
28							S. Cen	licate of Status Desi	ied 🗀		Fee Re	quired		
Zip	Country Zip			Cou	Country			6. Election Campaign Financing				\$5.00 May Be		
24	25 29 30			30				Trus	t Fund Contribution			Added t	o Fees	
Name and Address of Current Registered Agent								10. Nan	ne and Address of I	New Registe	red Age	nt		
						Name		ļ						
ROGER KRAMER & ASSOCIATES					82 Street Address (P.O. Box Number is Not Acceptable)									
	E OAK BLVD								,					
SUITE 201				į	83									
					84 05				 			5 7in (ode.	
NAPLES FL 34109					84	City			:		FL 85 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.														
office or re	egistered agent, er both, in the State of	Florida, Su os of Sections	ch change was a on 617 0503₄ Flo	uthorized rida Statı	lbyt Jes.	he corpo	oration's	s board o	of directors, i nereby	accept the a	ppoinun	ent as re	gisterea	
		113 01, 0001	1		";	H I	Book	. 1	' 	1-41	-99			
SIGNATURE	Signature, typed or printed same of registered agent a	ind title if applica	ble. (NOTE	: Registered	Agent	signature n	equired wi			DAT	E			
12.	OFFICERS AND	DIRECTOR		13.				-ADDI	TIONS/CHANGES T	O OFFICER				
TITLE	PD		DELETE	1.1 111	ΠĒ		D		i		_	Change	☐ Addition	
NAME	FAHRLAND, ROBERT	1.2 N		1.2 NA	WE		Gil	ill Elizibeth 142 W. Grown Poin 10ples FL 3418		_	•			
STREET ADDRESS					REET.	address	314	2 W	Crown Poi	ite Bl	لكاد			
CITY-ST-ZIP	NAPLES FL 34112				TY-ST	-ZIP	Naples FL 39			12	_			
TITLE			2.1 TI	Œ		'		,		L	Change	☐ Addition		
NAME	1 -			2.2 NA	ME									
STREET ADDRESS	1788 HOLIDAY LANE			2.3 ST	2.3 STREET ADDRESS				ì					
CITY-ST-ZIP				2. 4 CI	2. 4 CITY-ST-ZIP				1					
TITLE	D		DELETE	3.1 ₹∏	LE P.		P.S	2-D Ruel Beits		5 2	☑ Change		Addition	
NAME	KEITER, BUD			3.2 NA	NAME Same					•				
STREET ADDRESS				3.3 ST	REET.	ADDRES\$		-	! 					
CITY-ST-ZIP	NAPLES FL 34112			3.4. CI	TY-ST	-ZIP			'	····	_			
TITLE	D		☐ DELETE	4.1 TI	TLE.]		•			Change	Addition	
NAME	JUDD, SANDRA LOUISE			4.2 N	AME									
STREET ADDRESS	· •		4.3 ST	REET	ADDRESS (
CITY-ST-ZIP			4.4 CF	ITY-ST-ZIP										
TITLE	D		☐ DELETE									Change	Addition .	
NAME	WENDLING, BILL			5.2 NA					i ·	. "			į	
STREET ADDRESS	3032 W CROWN POINTE BLVD			5.3 ST	REET.	ADDRE\$\$			'					
CITY-ST-ZIP	VAPLES FL 34112 5.44			CRY-ST-ZIP				<u> </u>		<u>_</u>				
TITLE			☐ DELETE	6.1 TT					;			Change	Addition	
NAME				6.2 NA	ME									
STREET ADDRESS				6.3 ST	REET	ADDRESS							'	
CITY-ST-ZIP				6.4 CF	TY-ST	-ZIP						hat the le		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED