

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90115 042 ****61.25

DOCUMENT # N95000001087
 1. Entity Name
SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION,

Principal Place of Business Mailing Address
 2786 W CROWN POINTE BLVD ~~6792 LONE OAK BLVD~~ 2786 W. Crown P.
 NAPLES FL ~~34109~~ NAPLES FL 34112
 US 34112 US 34112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0572520** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAMER - TRIAD MGMT GROUP, L.L.C.
ROGER KRAMER & ASSOCIATES
 6732 LONE OAK BLVD
 SUITE 201
 NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.
 SIGNATURE **KRAMER-TRIAD MGMT. GROUP, LLC** (C.A.M.) 1/22/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GILL, ELIZABETH | |
| STREET ADDRESS | 3142 W GROWN POINTE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, MAX | |
| STREET ADDRESS | 1788 HOLIDAY LANE | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | KEITER, BUD | |
| STREET ADDRESS | 3154 W CROWN POINTE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOCCARSI, TERI | |
| STREET ADDRESS | 3042 W CROWN POINTE BLD | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MACKENZIE, BILL | |
| STREET ADDRESS | 3066 W CROWN POINTE BLVD | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John Gill | |
| STREET ADDRESS | 3142 W. Crown Pointe Blvd. | |
| CITY-ST-ZIP | Naples, FL 34112 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Barbara Poleschner | |
| STREET ADDRESS | 3060 W. Crown Pointe Blvd. | |
| CITY-ST-ZIP | Naples, FL 34112 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: **SIGNATURE REQUIRED** C.A.M. 1/22/01 941 793-6533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)