

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0049780

03-20-2002 90060 028 \*\*\*\*61.25

**DOCUMENT # N95000001087**

1. Entity Name  
**SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business 2786 W CROWN POINTE BLVD NAPLES FL 34112 US	Mailing Address 2786 W CROWN POINTE BLVD NAPLES FL 34112 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0572520</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**KRAMER-TRIAD MGMT GROUP, LLC**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME GILL, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 3142 W GROWN POINTE BLVD	
CITY-ST-ZIP NAPLES FL 34102	
TITLE NAME POLESCHNER, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 3060 W CROWN POINTE BLVD	
CITY-ST-ZIP NAPLES FL 34112	
TITLE NAME KEITER, BUD	<input type="checkbox"/> Delete
STREET ADDRESS 3154 W CROWN POINTE BLVD	
CITY-ST-ZIP NAPLES FL 34112	
TITLE NAME BOCCARSI, TERI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3042 W CROWN POINTE BLD	
CITY-ST-ZIP NAPLES FL 34112	
TITLE NAME MACKENZIE, BILL	<input type="checkbox"/> Delete
STREET ADDRESS 3066 W CROWN POINTE BLVD	
CITY-ST-ZIP NAPLES FL 34112	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <b>SECTY/TREAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>RALPH BOCCARSI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>3042 W. CROWN POINTE BLVD.</b>	
<b>NAPLES, FL 34112</b>	
TITLE NAME <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_ DATE: **1/16/02** DAYTIME PHONE #: **(941) 417-0194**

CR2E037 (9/01)