

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001087

FILED
Mar 16, 2005
Secretary of State

Entity Name: SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2786 W CROWN POINTE BLVD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2786 W CROWN POINTE BLVD
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 65-0572520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAMER-TRIAD MGMT GROUP, LLC
2786 W CROWN POINTE BLVD
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

KRAMER-TRIAD MGMT GROUP, LLC
3050 N. HORSESHOE DRIVE
SUITE 275
NAPLES, FL 34105 US

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:

Electronic Signature of Registered Agent

03/16/2005

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILL, JOHN
Address: 3142 W GROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34102

Title: ST () Delete
Name: POLESCHNER, BARBARA
Address: 3060 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: KEITER, BUD
Address: 3154 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: BOCCARSI, RALPH
Address: 3042 W CROWN POINTE BLD
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: LIMING, DAN
Address: 3190 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KEITER, LESLIE
Address: 3154 W GROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: DV (X) Change () Addition
Name: POLESCHNER, BARBARA
Address: 3060 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: DT (X) Change () Addition
Name: THIEL, ANN
Address: 3172 W CROWN POINTE BLVD
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE ADAMS

Electronic Signature of Signing Officer or Director

CAM

03/16/2005

Date