## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001087

Apr 21, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

2786 W CROWN POINTE BLVD NAPLES, FL 34112

**Current Mailing Address: New Mailing Address:** 

6700 LONE OAK BLVD NAPLES, FL 34109

FEI Number: 65-0572520 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROSS, BYRON 6700 LONE OAK BLVD NAPLES, FL 34109

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

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete MACKENZIE, WILLIAM Name: 3066W GROWN POINTE BLVD Address:

NAPLES, FL 34112

City-St-Zip:

Title: ( ) Delete

Name: FOLEY, DIJANA Address: 3090 W CROWN POINTE BLVD

City-St-Zip: NAPLES, FL 34112

Title: () Delete KENNEDY, ROBERT Name:

3032 W CROWN POINTE BLVD Address:

City-St-Zip: NAPLES, FL 34112

Title: ( ) Delete

Name: DIMINO, JENNY

3084 W CROWN POINTE BLD Address: City-St-Zip: NAPLES, FL 34112

Title: () Delete

SCHNEIDER, JOHN Name:

3026 W CROWN POINTE BLVD Address:

City-St-Zip: NAPLES, FL 34112

() Change () Addition

(X) Change ( ) Addition

SCHNEIDER, JOHN Name:

Address: 3026 W. CROWN POINTE BLVD

City-St-Zip: NAPLES, FL 34112

Title: (X) Change ( ) Addition

Name: KRIZMAN, JACK

Address: 3054 W. CROWN POINTE BLVD

City-St-Zip: NAPLES, FL 34112

Address:

City-St-Zip:

Title:

Name:

Title: D (X) Change ( ) Addition

Name: THIEL, ANN

3054 W. CROWN POINTE BLVD Address:

City-St-Zip: NAPLES, FL 34112

Title: (X) Change ( ) Addition

PERRIN, PAT Name:

3020 W. CROWN POINTE BLVD Address:

NAPLES, FL 34112 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BYRON ROSS MGR 04/21/2008