

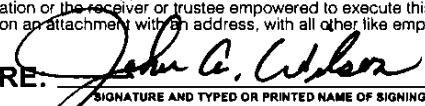


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90059 024 ****70.00

DOCUMENT # N95000002413						
1. Entity Name SOUTH SHORE COMMERCE CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 218 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572			Mailing Address 218 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 Chg-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number - - - 59-3341280		
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
PETERSON, MICHAEL L 218 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE TD NAME RADNOTI, DENNIS STREET ADDRESS 212A APOLLO BEACH BLVD. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete			TITLE TO NAME JOHN A. Wilson STREET ADDRESS 218 Apollo Beach Blvd. CITY-ST-ZIP Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PETERSON, MICHAEL L STREET ADDRESS 218 APOLLO BEACH BLVD. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME TRAFFANSTADT, TOMMY STREET ADDRESS 216 APOLLO BEACH BLVD. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME CARR, KAY STREET ADDRESS 214 APOLLO BEACH BLVD. CITY-ST-ZIP APOLLO BEACH, FL 33572	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JOHN A. Wilson 4/9/08 813-645-4641 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						