

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002413

FILED
Mar 31, 2009
Secretary of State

Entity Name: SOUTH SHORE COMMERCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

218 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

218 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 59-3341280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERSON, MICHAEL L
218 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: WILSON, JOHN A
Address: 218 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: PD () Delete
Name: PETERSON, MICHAEL L
Address: 218 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: VD () Delete
Name: TRAFFANSTADT, TOMMY
Address: 216 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

Title: SD () Delete
Name: CARR, KAY
Address: 214 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: JOHN A. WILSON

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date