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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002284 (5)**

1. Corporation Name

**SOUTH SHORES RIVERSIDE HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

~~400 CALEDONIA DRIVE
MELBOURNE BEACH FL 32951~~

Mailing Address

~~100 CALEDONIA DRIVE
MELBOURNE BEACH FL 32951-3802~~



3. Date Incorporated or Qualified **04/26/1996** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **219 SALT GRASS PLACE**

26 **219 SALT GRASS PLACE**

4. FEI Number

59-3392437

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

MELBOURNE BEACH, FL

28 City & State

MELBOURNE BEACH, FL

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

FL 32951

25 Country

USA

29 Zip

32951

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BEALS, ROBERT L
1800 WEST HIBISCUS BLVD. STE 138
MELBOURNE FL 32902~~

81 Name

BRIAN SCULTHROP

82 Street Address (P.O. Box Number is Not Acceptable)

219 SALT GRASS PLACE

83

84 City

MELBOURNE BEACH FL

85 Zip Code

32951

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Brian Sculthorp

BRIAN SCULTHROP VICE PRESIDENT

4/21/97

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VTD** ☐ DELETE

NAME **SCULTHROP, BRIAN M**

STREET ADDRESS **194 CALEDONIA DRIVE**

CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

1.1 TITLE **VTD** ☒ Change ☐ Addition

1.2 NAME **SCULTHROP, BRIAN M**

1.3 STREET ADDRESS **219 SALT GRASS PLACE**

1.4 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

TITLE **D** ☐ DELETE

NAME **SHIMPEY, DENISE**

STREET ADDRESS **2685 WASHINGTON STREET**

CITY-ST-ZIP **MELBOURNE FL 32904**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **BAUMAN, DENISE**

2.3 STREET ADDRESS **2685 WASHINGTON STREET**

2.4 CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **D** ☐ DELETE

NAME **CASSELLA, LIZABETH**

STREET ADDRESS **7980 SOUTH HIGHWAY A1A**

CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **BURNS, JULIE**

STREET ADDRESS **100 CALEDONIA DRIVE**

CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE

NAME **SCULTHROP, LEONARD E**

STREET ADDRESS **7725 HIGHWAY A1A**

CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian Sculthorp **BRIAN SCULTHROP**

4/21/97

407-676-0521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0018982**

CR2E037 (9/96)