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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

~~2210 SALT GRASS PLACE~~  
~~MELBOURNE BEACH FL 32951~~  
US

**219 SALT GRASS PLACE**  
**MELBOURNE BEACH FL 32951**  
US

2. Principal Place of Business

2a. Mailing Address

21 **219 SALT GRASS PLACE**

2a Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

27 City & State

**MELBOURNE BEACH, FL**

28 City & State

24 Zip

25 Country

**32951**

**U.S.**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/26/1996**

4. FEI Number

**59-3392437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**SCHULTHOP, BRIAN**  
**219 SALT GRASS PLACE**  
**MELBOURNE BEACH FL 32951**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **SCULTHOP, BRIAN M**  
STREET ADDRESS **219 SALT GRASS PLACE**  
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE ☒ DELETE

NAME **BADWAY, DENISE**  
STREET ADDRESS **2885 WASHINGTON STREET**  
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **CASSELLA, LIZABETH**  
STREET ADDRESS **7980 SOUTH HIGHWAY A1A**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☒ DELETE

NAME **BURNS, JULIE**  
STREET ADDRESS **100 CALEDONIA DRIVE**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ DELETE

NAME **SCULTHOP, LEONARD E**  
STREET ADDRESS **7725 HIGHWAY A1A**  
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **SCULTHOP, BRIAN M.**  
STREET ADDRESS **219 SALT GRASS PLACE**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

2.1 TITLE ☐ Change ☒ Addition

NAME **BIOFRE, JOSEPH**  
STREET ADDRESS **5650 SEA LAVENDER PLACE**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

3.1 TITLE ☐ Change ☒ Addition

NAME **FLEIS, GERALD**  
STREET ADDRESS **5601 SEA LAVENDER PLACE**  
CITY-ST-ZIP **MELBOURNE BEACH, FL 32951**

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I 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:

**SIGNATURE REQUIRED**

**4/7/98**

**407-676-0521**

CR2E037 (10/97)