

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90047 004 ****61.25

DOCUMENT # N96000002284

1. Corporation Name

SOUTH SHORES RIVERSIDE HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

219 SALT GRASS PLACE
MELBOURNE BEACH FL 32951
US

Mailing Address

219 SALT GRASS PLACE
MELBOURNE BEACH FL 32951
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHULTHOP, BRIAN
219 SALT GRASS PLACE
MELBORNE BEACH FL 32951

10. Name and Address of New Registered Agent

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 VTSD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

NAME CASSELLA, LIZABETH
STREET ADDRESS 7960 SOUTH HIGHWAY A1A
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE D ☒ DELETE

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

TITLE PD ☒ DELETE

NAME SCULTHOP, LEONARD E
STREET ADDRESS 725 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 SD ☒ Change ☐ Addition

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

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME GIOFFRE, JOSEPH
2.3 STREET ADDRESS 5650 SEA LAVENDER PLACE
2.4 CITY-ST-ZIP MELBOURNE BEACH FL 32951

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME FLETCHER, WILLIAM
3.3 STREET ADDRESS 211 OCEANWAY DRIVE
3.4 CITY-ST-ZIP MELBOURNE BEACH FL 32951

4.1 TITLE VD ☐ Change ☒ Addition

4.2 NAME FAUVELL, FREDERICK
4.3 STREET ADDRESS 101 SOPHORA PLACE
4.4 CITY-ST-ZIP MELBOURNE BEACH FL 32951

5.1 TITLE TD ☐ Change ☒ Addition

5.2 NAME KAPLAN, LORETTA
5.3 STREET ADDRESS 5591 CORD GRASS LANE
5.4 CITY-ST-ZIP MELBOURNE BEACH FL 32951

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF BRIAN SCULTHOP, DIRECTOR

4/9/99

407-676-0521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)