2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # N96000002284 1. Entity Name SOUTH SHORES RIVERSIDE HOMEOWNERS ASSOCIATION, I 04-18-2001 90026 043 ****61 25 Principal Place of Business Mailing Address 219 SALT GRASS PLACE 219 SALT GRASS PLACE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3392437 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name (P.O. Box Number is Not Acceptab SCHULTHORP, BRIAN 219 SALT GRASS PLACE **MELBORUNE BEACH FL 32951** 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **Addition** TITLE 🔀 Delete TITLE Change Ronald A. EWERT SCULTHORP, BRIAN M NAME NAME 5660 SEA LAVENDER PLACE STREET ADDRESS 219 SALT GRASS PLACE STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-7IP MELBOURNE BEACH, FL 32950 PD TITLE **Addition** TITLE Delete Change chester M Kurz GIOFFRE, JOSEPH NAME NAME 5650 SEA LAVENDER PLACE 5661 Sea Lavender Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP MELBOURNE BEACH, FL 🔲 Change 💹 Addition 🔀 Delete TITLE TITLE Kathleen BAIMA FLETCHER, WILLIAM NAME NAME 5565 CORD GRASS LANG 211 OCEANWAY DRIVE STREET ADDRESS STREET ADDRESS CiTY-ST-7IP **MELBOURNE BEACH FL 32951** CITY-ST-7/P Melbourne BEACH, FL 32*951* Delete M Addition

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 report or supplemental peport is true and accurate and that my signature shall have the same legal effect as it 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

TITLE

NAME

TITLE

NAME

TITLE

NAME

🔀 Delete

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FAUVELL, FREDERICK

101 SOPHORA PLACE

5591 CORD GRASS LANE

KAPLAN, LORETTA

MELBOURNE BEACH FL 32951

MELBOURNE BEACH FL 32951

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

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Ronald

Nicholas

Anari

MELBOURNE BEACH, FL 32951

5529 Cord Grass Lane

Melbourne BEACH, FC Thomas Powers 195 OCEANWAY Drive

Change

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XAddition

Addition