

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002284

FILED
Mar 28, 2006
Secretary of State

Entity Name: SOUTH SHORES RIVERSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5631 SEA LAVENDER PLACE
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 510457
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

1900 S. HARBOR CITY BLVD.
337
MELBOURNE, FL 32901 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VISTA PROPERTIES, INC
100 VISTA ROYAL BLVD.
VERO BEACH, FL 32962 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: P () Delete
Name: ANELLO, THOMAS
Address: 5621 SEA LAVENDER PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP () Delete
Name: SOCHACKI, JOAN M
Address: 5527 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T () Delete
Name: GALLAGHER, LORETTA
Address: 5570 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: S () Delete
Name: PUTAGGIO, BETTY
Address: 5595 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: LOVEL, GLENDA
Address: 5581 BEACH ELDER WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: BAIMA, KATHY
Address: 5555 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: T (X) Change () Addition
Name: PUTAGGIO, BETTY
Address: 5595 CORD GRASS LANE
City-St-Zip: MELBOURNE BEACH, FL 32951

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOAN SOCHACKI

VP

03/28/2006

Electronic Signature of Signing Officer or Director

Date