2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N96000002284

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:

100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3392437 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY S
2500 N. MILITARY TRAIL
SUITE 283
BOCA RATON, FL 33431 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:	MCGOVERN, WILLIAM	
Address:	5553 CORD GRASS LANE	
City-St-Zip:	MELBOURNE BEACH, FL 32951 US	
Title:	VP	( ) Delete
Name:	KISSEE, DAN	
Address:	5575 CORD GRASS LANE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	S	( ) Delete
Name:	LOVEL, GLENDA	
Address:	5581 BEACH ELDER WAY	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	T	( ) Delete
Name:	PUTAGGIO, BETTY	
Address:	5595 CORD GRASS LANE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	( ) Delete
Name:	PANUS, JOAN	
Address:	5549 CORD GRASS LANE	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	GALLAGHER, LORETTA	
Address:	5570 CORD GRASS LANE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	
Title:	D	(X) Change ( ) Addition
Name:	VILA, CARLOS	
Address:	5660 SEA LAVENDER PLACE	
City-St-Zip:	MELBOURNE BEACH, FL 32951	

I hereby certify that the information supplied with this filing does not qualify 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: GLENDA LOVEL S 04/07/2009

Electronic Signature of Signing Officer or Director — Date