NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90233 012 ****61.25

DOCUMENT # N96000002284

1. Entity Name
SOUTH SHORES RIVERSIDE HOMEOWNERS ASSOCIATION, INC.

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10104089

2. Principal Place of Business	3. Mailing Address
5631 LAVENDER PLACE	P.O. BOX 510457
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE BEACH, FL.	City & State: MELBOURNE BEACH, FL.
Zip: 32951 Country: BREVARD	Zip: 32951-0457 Country: BREVARD

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4. FEI Number — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: VISTA PROPERTIES, INC.
Street Address (P.O. Box Number is Not Acceptable): 100 VISTA ROYALE BLVD.
City: Vero Beach, FL Zip Code: 32962

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JIM MACH
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	RICHARD SWENOR
STREET ADDRESS	5631 SEA LAVENER PLACE
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951
TITLE	V.P.
NAME	THOMAS DNELLO
STREET ADDRESS	5621 SEA LAVENDER PL.
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951
TITLE	SEC.
NAME	LORETTA SILVER
STREET ADDRESS	5591 CORD GRASS LANE
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951
TITLE	TREAS.
NAME	WILLIAM JESLNEK
STREET ADDRESS	110 SOPHORA PLACE
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951
TITLE	DIR.
NAME	JOAN SOCHACKI
STREET ADDRESS	5527 CORD GRASS LANE
CITY-ST-ZIP	MELBOURNE BEACH, FL. 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/02)

12. 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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: