## **2006 NOT-FOR-PROFIT CORPORATION**

## ANNUAL REPORT

## DOCUMENT # N96000002287

1. Entity Name SOUTH SHORES UTILITY ASSOCIATION, INC.



**FILED** Apr 12, 2006 8:00 am Secretary of State

04-12-2006 90082 029 \*\*\*\*61.25

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Principal Place of Business 179 OCEANWAY DR MELBOURNE BEACH, FL 32951 US		Mailing Address PO BOX 510881 MELBOURNE BEACH, FL 32951 US			40047166				
	<u>-</u>	I							
2. Principal Place of Business		3. Mailing Address				1119 BYN 1980 BYN 1981			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142006	Chg-NP	CR2E037 (11	/05)	
City & State		City & State			4. FEI Number 59-3392	462			plied For t Applicable
Zip	Country	Zip	Countr	у	5. Certificate o	f Status Desired	1 7	5 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered Agent		
RUDNHAM	ALISIE			Name					
BURNHAM, LISLE 5572 CORD GRASS LANE MELBOURNE BEACH, FL 32951			Street Address		(P.O. Box Number	is Not Acceptable	e)		
	,					_			
	•		[	City			FL Z	ip Code	)
	named entity submits this statement folions of registered agent.	or the purpose of changin	ng its registered	office or registe	ered agent, or both	, in the State of Flo	orida. I am familia	r with,	and accept
SIGNATURE .									
)	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Ag	gent signature require	ed when reinstating)		DATE		
			n Campaign Financing und Contribution.		\$5.00 wo.	. I	lake check pay	able to	)
					\$5.00 May Be Added to Fees		ida Departmen		
10.		Trust Fu			Added to Fees  ADDITIONS/CHA	Flor	rida Departmen	t of St	ate
TITLE	OFFICERS AND DI	Trust Fu	und Contribution.  11.  TITLE		Added to Fees	Flor	rida Departmen	t of St	ate
TITLE NAME	OFFICERS AND DI P BURNHAM, LISLE	Trust Fu	TITLE NAME		Added to Fees	Flor	rida Departmen	t of St ORS IN	10
TITLE	OFFICERS AND DI	Trust Fu	und Contribution.  11.  TITLE	ADDRESS (	Added to Fees	Flor	rida Departmen	t of St ORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BURNHAM, LISLE 5572 CORD GRASS LANE MELBOURNE BEACH, FL 3295	Trust Fu	11. TITLE NAME STREET A CITY-ST	ADDRESS (	Added to Fees	Flor	rida Departmen	t of St ORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BURNHAM, LISLE 5572 CORD GRASS LANE MELBOURNE BEACH, FL 3295 T PANUS, JOE	Trust Fu	11. TITLE NAME STREET A CITY-ST TITLE NAME	ADDRESS ZIP	Added to Fees	Flor	rida Departmen	t of St ORS IN Change	ate  10  Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sunteun Liste & BURNHAM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-06

321-952-7961

Daytime Phone #