

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90226 023 ****61.25

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DOCUMENT # N96000002287 1. Entity Name SOUTH SHORES UTILITY ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 179 OCEANWAY DR MELBOURNE BEACH, FL 32951 US			Mailing Address PO BOX 510881 MELBOURNE BEACH, FL 32951 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01042007 Chg-NP CR2E037 (12/06)																																																																																																																									
City & State		City & State		4. FEI Number 59-3392462																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent BURNHAM, LISLE 5572 CORD GRASS LANE MELBOURNE BEACH, FL 32951				7. Name and Address of New Registered Agent Name Space Coast Property Management Street Address (P.O. Box Number is Not Acceptable) 645 Classic Ct, Suite 104 City Melbourne FL Zip Code 32940																																																																																																																									
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> MARK JACKSON <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 4/19/07 <small>DATE</small> </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BURNHAM, LISLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5572 CORD GRASS LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE BEACH, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PANUS, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5549 CORD GRASS LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCELHANEY, BOB</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5368 SOLWAY DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE BEACH, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURGO, PAUL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5635 S HWY A1A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE BEACH, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'DONNELL, JACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>315 CLYDE ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE BEACH, FL 32951</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	NAME	BURNHAM, LISLE		STREET ADDRESS	5572 CORD GRASS LANE		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		TITLE	NAME	<input type="checkbox"/> Delete	NAME	PANUS, JOE		STREET ADDRESS	5549 CORD GRASS LANE		CITY-ST-ZIP	MELBOURNE, FL 32951		TITLE	NAME	<input type="checkbox"/> Delete	NAME	MCELHANEY, BOB		STREET ADDRESS	5368 SOLWAY DR.		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		TITLE	NAME	<input type="checkbox"/> Delete	NAME	MURGO, PAUL		STREET ADDRESS	5635 S HWY A1A		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		TITLE	NAME	<input type="checkbox"/> Delete	NAME	O'DONNELL, JACK		STREET ADDRESS	315 CLYDE ST.		CITY-ST-ZIP	MELBOURNE BEACH, FL 32951		TITLE	NAME	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing 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: Robert T McElhaney <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/11/07 <small>Date</small>																																																																																																																									
ROBERT T. MCELHANEY				321.723.8511 <small>Daytime Phone #</small>																																																																																																																									