

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2008 8:00 am
Secretary of State

03-07-2008 90029 002 ****61.25

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3392462	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPACE COAST PROPERTY MANAGEMENT 645 CLASSIC CT. SUITE 104 MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BURNHAM, LISLE STREET ADDRESS 5572 CORD GRASS LANE CITY-STATE-ZIP MELBOURNE BEACH, FL 32951	☒ Delete		TITLE Ⓟ NAME Bob McElhane STREET ADDRESS 5368 Solway CITY-STATE-ZIP Melbourne Beach FL 32951	☒ Change ☐ Addition	
TITLE T NAME PANUS, JOE STREET ADDRESS 5549 CORD GRASS LANE CITY-STATE-ZIP MELBOURNE, FL 32951	☒ Delete		TITLE Ⓡ NAME Red Jeslinek STREET ADDRESS 110 Sophora CITY-STATE-ZIP Melbourne Beach 32951	☐ Change ☐ Addition	
TITLE DV NAME MCELHANEY, BOB STREET ADDRESS 5368 SOLWAY DR. CITY-STATE-ZIP MELBOURNE BEACH, FL 32951	☒ Delete		TITLE Ⓟ NAME Bob Hopkins STREET ADDRESS 5602 Beach Elder CITY-STATE-ZIP Melbourne Beach FL 32951	☐ Change ☐ Addition	
TITLE DS NAME MURGO, PAUL STREET ADDRESS 5635 S HWY A1A CITY-STATE-ZIP MELBOURNE BEACH, FL 32951	☒ Delete		TITLE Ⓢ NAME Edna Lavandier STREET ADDRESS 5635 S. HWY A1A CITY-STATE-ZIP Melbourne Beach, FL 32951	☐ Change ☐ Addition	
TITLE D NAME O'DONNELL, JACK STREET ADDRESS 315 CLYDE ST. CITY-STATE-ZIP MELBOURNE BEACH, FL 32951	☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
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: <u>Robert T McElhane</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/1/08</u> Daytime Phone #		

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