

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002287

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SOUTH SHORES UTILITY ASSOCIATION, INC.

**Current Principal Place of Business:**

179 OCEANWAY DR  
MELBOURNE BEACH, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 510881  
MELBOURNE BEACH, FL 32951 US

**New Mailing Address:**

645 CLASSIC CT.  
STE 104  
MELBOURNE, FL 32940 US

**FEI Number:** 59-3392462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPACE COAST PROPERT MANAGEMENT  
645 CLASSIC CT.  
STE 104  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

SPACE COAST PROPERT MANAGEMENT OF BREVARD  
645 CLASSIC CT.  
STE 104  
MELBOURNE, FL 32940 US

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:** CINDY MARRS

04/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MCELHANEY, BOB  
**Address:** 5368 SOLWAY  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

**Title:** TREA  
**Name:** PUTAGGIO, BETTY  
**Address:** 5595 CORDGRASS LN  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

**Title:** DIR  
**Name:** SOCHACKI, WALTER  
**Address:** 5527 CORDGRASS LN  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

**Title:** SEC  
**Name:** LAVANDIER, EDNA  
**Address:** 5635 S. HWY A1A  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

**Title:** VP  
**Name:** O'DONNELL, JACK  
**Address:** 315 CLYDE ST  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

I hereby 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 all other like empowered.

**SIGNATURE:** BOB MCELHANEY

PRES

04/26/2010

Electronic Signature of Signing Officer or Director

Date