

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002169

FILED  
Apr 04, 2004  
Secretary of State

**Entity Name:** SOUTHERN SHORES PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5365 E. CTY HWY 30-A, STE. 105  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

5365 E. CTY HWY 30-A, STE. 105  
SEAGROVE BEACH, FL 32459 US

**Current Mailing Address:**

5365 E. CTY HWY 30-A, STE. 105  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

P.O. BOX 4762  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 59-3580619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKLIN H. WATSON, P.A.  
5365 E. CTY HWY 30-A, STE. 105  
SEAGROVE BEACH, FL 32459 US

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

BRUNI, ALAN P  
P.O. BOX 4762  
SANTA ROSA BEACH, FL 32459 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: ALAN P. BRUNI

04/04/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WATSON, FRANKLIN H  
Address: 5365 E. COUNTY HIGHWAY 30A, STE. 105  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: VPD ( ) Delete  
Name: BEAUCHAMP, KRYSTAL  
Address: 5365 E. COUNTY HIGHWAY 30A, STE. 107  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: STD ( ) Delete  
Name: CHANCEY, WALT  
Address: 5365 E. CTY HWY 30-A, STE. 108  
City-St-Zip: SEAGROVE BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANKLIN H. WATSON

PD

04/04/2004

Electronic Signature of Signing Officer or Director

Date