

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 08, 2006 8:00 am
Secretary of State**

04-20-2006 90182 014 ****61.25

DOCUMENT # N99000002169

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



Principal Place of Business
**5365 E. CTY HWY 30-A, STE. 105
SEAGROVE BEACH, FL 32459 US**

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

DO NOT WRITE IN THIS SPACE



03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3580619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BRUNI, ALAN P
~~P.O. BOX 4762~~ **5365 E CTY HWY 30A**
SANTA ROSA BEACH, FL 32459 **SANTA ROSA BEACH FL**
32459

**DO NOT WRITE
IN THIS SPACE**

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 **AL BRUNI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WATSON, FRANKLIN H
5365 E. COUNTY HIGHWAY 30A, STE. 105
SEAGROVE BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BEAUCHAMP, KRYSTAL
5365 E. COUNTY HIGHWAY 30A, STE. 107
SEAGROVE BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
CHANCEY, WALT
5365 E. CTY HWY 30-A, STE. 108
SEAGROVE BEACH, FL 32459**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **Alan Bruni**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AL BRUNI APR 6/06 850.622.6388

Date

Daytime Phone #