

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003624

1. Entity Name
**SOUTHERN SHORES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business
**4787 S. ATLANTIC AVE.
PONCE INLET, FL 32127**

Mailing Address
**4787 S. ATLANTIC AVE.
PONCE INLET, FL 32127**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2119685

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REAMY, ERMA S
4787 S ATLANTIC AVE, UNIT 4
PONCE INLET, FL 32127**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**DP
COHEN, LARRY
1820 NW 48TH TERR
POMPANO BEACH, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
REAMY, ERMA S
4787 S ATLANTIC AVE, UNIT 4
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REAMY, JON
3043 S ATLANTIC AVE #705
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, BILLY
4787 S ATLANTIC AVE, UNIT 1
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000579058
01/09/07-80054-006 70.00

**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:

Erma S Reamy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07
Date

386-761-2094
Daytime Phone #

ASSN CK # 1131 ENCLOSED