

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001087

**FILED  
Jun 04, 2018  
Secretary of State  
CC9501002763**

**Entity Name:** SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ANCHOR ASSOCIATES, INC.  
3940 RADIO RD. SUITE 112  
NAPLES, FL 34104

**Current Mailing Address:**

C/O ANCHOR ASSOCIATES, INC.  
3940 RADIO RD. SUITE 112  
NAPLES, FL 34104 US

**FEI Number: 65-0572520**

**Certificate of Status Desired: No**

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

ANCHOR ASSOCIATES, INC.  
3940 RADIO RD.  
SUITE 112  
NAPLES, FL 34104 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: BRAD PHELPS**

**06/04/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SCHNEIDER, JOHN  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO RD. SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           VICE PRESIDENT  
Name           LIMING, BETTY  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO RD. SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           SECRETARY  
Name           KENNEDY, ROBERT  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO RD. SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           DIRECTOR  
Name           PERRIN, PATRICIA  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO RD. SUITE 112  
City-State-Zip: NAPLES FL 34104

Title           TREASURER  
Name           DENOMA, JAMES  
Address        C/O ANCHOR ASSOCIATES, INC.  
                  3940 RADIO RD. SUITE 112  
City-State-Zip: NAPLES FL 34104

*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: JOHN SCHNEIDER**

**PRESIDENT**

**06/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date