## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001087

Entity Name: SOUTH SHORE VILLAS PROPERTY OWNERS ASSOCIATION,

INC.

OCIATION

Apr 24, 2015 Secretary of State CC6792572189

**FILED** 

## **Current Principal Place of Business:**

6704 LONE OAK BLVD NAPLES, FL 34109

## **Current Mailing Address:**

6704 LONE OAK BLVD NAPLES, FL 34109 US

FEI Number: 65-0572520 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT 6704 LONE OAK BLVD NAPLES, FL 34109 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VICE PRESIDENT
Name SCHNEIDER, JOHN Name LIMING, BETTY

Address 3026 W. CROWN POINTE BLVD Address 3190 W. CROWN POINTE BLVD

City-State-Zip: NAPLES FL 34112 City-State-Zip: NAPLES FL 34112

Title SECRETARY Title DIRECTOR

Name THIEL, ANN Name PERRIN, PATRICIA

Address 6704 LONE OAK BLVD Address 3020 W CROWN POINTE BLVD

City-State-Zip: NAPLES FL 34109 City-State-Zip: NAPLES FL 34112

Title TREASURER
Name DENOMA, JAMES

Address 3184 W CROWN POINTE BLVD

City-State-Zip: NAPLES FL 34112

SIGNATURE: JOHN SCHNEIDER

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/24/2015