

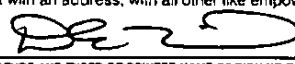


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90205 008 \*\*\*\*61.25

<b>DOCUMENT # N04000000654</b>			
1. Entity Name SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 10210 HIGHLAND MANOR DR., STE. 100A TAMPA, FL 33610		Mailing Address 10210 HIGHLAND MANOR DR., STE. 100A TAMPA, FL 33610	
2. Principal Place of Business		3. Mailing Address <i>9031 Town Center Parkway</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Bradenton, FL</i>	
Zip		Zip <i>34202</i>	
Country		Country <i>US</i>	
4. Fee Number <i>03-0539520</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENNETT, STEPHEN 10210 HIGHLAND MANOR DR., STE. 100A TAMPA, FL 33610		Name <i>Douglas E. Wilson</i> Street Address (P.O. Box Number is Not Acceptable) <i>Advanced Mgmt. of SW Florida Inc.</i> <i>9031 Town Center Pkwy</i> City <i>Bradenton</i> FL Zip Code <i>34202</i>	
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  DATE _____			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, STEPHEN	NAME	
STREET ADDRESS	10210 HIGHLAND MANOR DR., STE. 100A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISTON, DAVID	NAME	
STREET ADDRESS	10210 HIGHLAND MANOR DR., STE. 100A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARVIN, HOWARD	NAME	
STREET ADDRESS	10210 HIGHLAND MANOR DR., STE. 100A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Asst. Sec. 4-23-05 (941) 359-1134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66019967



04212005 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE:  Asst. Sec. 4-23-05 (941) 359-1134  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #