



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90012 018 ****61.25

DOCUMENT # N04000000654					
1. Entity Name SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10210 HIGHLAND MANOR DR., STE. 100A TAMPA, FL 33610			Mailing Address 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, DOUGLAS E ADVANCED MGMT OF SW FLORIDA, INC 9031 TOWN CENTER PKWY BRADENTON, FL 34202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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, 2006		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	Delete <input type="checkbox"/>		TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, STEPHEN			NAME	Douglas E. Wilson
STREET ADDRESS	10210 HIGHLAND MANOR DR., STE. 100A			STREET ADDRESS	9031 Town Center Pkwy
CITY-ST-ZIP	TAMPA, FL 33610			CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D	Delete <input type="checkbox"/>		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	Delete <input type="checkbox"/>		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		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 				Date: 3-9-06 (941) 359-1134	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	