


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90001 012 ****61.25

DOCUMENT # N04000000654

1. Entity Name
SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**11902 RACE TRACK ROAD
 TAMPA, FL 33626**

Mailing Address
**11902 RACE TRACK ROAD
 TAMPA, FL 33626**

60044539



2. Principal Place of Business - No P.O. Box #
27499 RIVERVIEW CENTER BLVD

3. Mailing Address
27499 RIVERVIEW CENTER BLVD

Suite, Apt. #, etc.
SUITE 238

City & State
BONITA SPRINGS FL

Zip
34134

Country
USA

05072008 Chg-NP CR2E037 (12/06)

4. FEI Number
~~05-0530520~~ **03-0539520**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PROPERTY GROUP OF CENTRAL FLORIDA
 11902 RACE TRACK ROAD
 TAMPA, FL 33626**

7. Name and Address of New Registered Agent

Name
OMNI MANAGEMENT SERVICES

Street Address (P.O. Box Number is Not Acceptable)
27499 RIVERVIEW CENTER BLVD

SUITE 238

City
BONITA SPRINGS FL

Zip Code
34134

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 David L. Liston **DAVID L. LISTON** Community Assoc MGR **5/27/08**

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 September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NUNN, WILHELM 3020 FALKENBURG RD. S. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANDINO, PENNY 3020 FALKENBURG RD. S. RIVERVIEW, FL 33659	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUSHWAY, MICHELLE 3020 FALKENBURG RD. S. RIVERVIEW, FL 33659	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Candie Minotti 3020 S. Falkenburg Rd Riverview, FL 33578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Brian Stidham 3020 S. Falkenburg Rd Riverview, FL 33578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Candie M. Minotti **6/5/08** **8134** **769-8770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #