

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000654

FILED
Mar 17, 2010
Secretary of State

Entity Name: SOUTHSHORE FALLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD STE 238
BONITA SPRINGS, FL 34134

New Principal Place of Business:

5831 CASCADE FALLS LANE
APOLLO BEACH, FL 33572

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD STE 238
BONITA SPRINGS, FL 34134

New Mailing Address:

5831 CASCADE FALLS LANE
APOLLO BEACH, FL 33572

FEI Number: 05-0539520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISTON, DAVID
27499 RIVERVIEW CENTER BLVD STE 238
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

WONSTETLER, KAREN ESQUIRE
860 N. ORANGE AVENUE
#135
ORLANDO, FL 32801 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: KAREN WONSTETLER, ESQUIRE

03/17/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: SMITH, ADAM
Address: 3810 NORTHDAL E BOULEVARD #100
City-St-Zip: TAMPA, FL 33624

Title: VPD
Name: HIRON, PARKER
Address: 3810 NORTHDAL E BOULEVARD #100
City-St-Zip: TAMPA, FL 33624

Title: STD
Name: MAPILI, BERNIE
Address: 2301 LUCIEN WAY #400
City-St-Zip: MAITLAND, FL 32751

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: ADAM SMITH

PD

03/17/2010

Electronic Signature of Signing Officer or Director

Date