

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90152 035 \*\*\*\*61.25

**DOCUMENT # N02000000462**

1. Entity Name  
**THE SOUND CONDOMINIUM OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
105 BROOKS STREET, #1  
FT. WALTON BEACH, FL 32548

Mailing Address  
P.O. BOX 1268  
PHENIX CITY, AL 36868

**14019947**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**03-0376925**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COPELAN, GEORGE  
105 BROOKS STREET, #1  
FT. WALTON BEACH, FL 32548

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, 2004**

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 PD ☐ Delete  
NAME FUNDERBURK, KENNETH  
STREET ADDRESS 1313 BROAD STREET  
CITY-ST-ZIP PHENIX CITY, AL 36868

TITLE VPD ☐ Delete  
NAME COPELAN, GEORGE  
STREET ADDRESS 194 LYNDA LANE  
CITY-ST-ZIP PINE MOUNTAIN, GA 31822

TITLE STD ☒ Delete  
NAME PEAK, FRED  
STREET ADDRESS 908 BROAD STREET  
CITY-ST-ZIP PHENIX CITY, AL 36867

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SID KITTRELL KENNETH**  
STREET ADDRESS **644 LEE ROAD 554**  
CITY-ST-ZIP **PHENIX CITY, AL 36867**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Thomas P. Berry, CPA, Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/04*  
Date

*706-323-3643*  
Daytime Phone #