

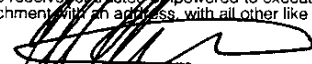


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 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 940 SMITHS, AL 36877		
2. Principal Place of Business - No P.O. Box # 105 BROOKS STREET #2		3. Mailing Address 105 BEAL PARKWAY SW			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FORT WALTON BEACH FL		4. FEI Number 03-0376925	
Zip		Country 32548-5330		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent COPELAN, GEORGE 105 BROOKS STREET, #1 FT. WALTON BEACH, FL 32548			7. Name and Address of New Registered Agent Name SUSAN SURBER Street Address (P.O. Box Number is Not Acceptable) 108 BEAL PARKWAY SW City FORT WALTON BEACH FL Zip Code 32548-5330		
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 4-12-07	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	PD CHRISTIAN, CHARLES 1313 BROAD STREET PHENIX CITY, AL 36868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COPELAN, GEORGE 194 LYNDA LANE PINE MOUNTAIN, GA 31822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KITTRELL, KENNETH PO BOX 940 SMITHS, AL 36877	<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			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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 supplemented reports 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: 				PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	
				706-681-3684	