

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006362

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: SOUNDSIDE VILLAS H.O.A., INC.

**Current Principal Place of Business:**

2726 BAY STREET  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

2726 BAY STREET  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

FEI Number: 61-1475494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNOY, WILLIAM M  
2726 BAY STREET  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KENNOY, WILLIAM M  
Address: 2726 BAY STREET  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VD ( ) Delete  
Name: STOWELL, DANA  
Address: 2734 BAY STREET  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: STD ( ) Delete  
Name: SCHERL, STACEY J  
Address: 2724 BAY STREET  
City-St-Zip: GULF BREEZE, FL 32563 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GRAFF, BENTON D  
Address: 2730 BAY STREET  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM M. KENNOY

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date