

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90185 047 ****61.25

DOCUMENT # N04000004054 1. Entity Name SOUTHSORE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 225 MAIN STREET STE # 6 DESTIN, FL 32541		Mailing Address P.O. BOX 1895 DESTIN, FL 32540	
2. Principal Place of Business 5311 E. COUNTY HWY 30-A Suite, Apt. #, etc. STES		3. Mailing Address 5311 E. COUNTY HWY 30-A Suite, Apt. #, etc. STES	
City & State SANTA ROSA BEACH, FL Zip 32459		City & State SANTA ROSA BEACH, FL Zip 32459	
4. FEI Number 01-0812422		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIRER, WALTER SEACOAST ASSOCIATION MGT., INC. 225 MAIN STREET, STE # 6 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name WALTER R PRITCHETT Street Address (P.O. Box Number is Not Acceptable) 5311 E COUNTY HWY 30-A STES City SANTA ROSA BEACH FL Zip Code 32459	
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.		WALTER R. PRITCHETT (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		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 P NAME CARRUTHERS, MICHAEL STREET ADDRESS 3792 PINEY GROVE DR CITY-ST-ZIP TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete	TITLE DU NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ROHRER, CHARLOTTE STREET ADDRESS 4564 WOODWIND DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/T NAME MOORE, GLENDA STREET ADDRESS 120 GARDEN LANE CITY-ST-ZIP SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	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"/> Delete		TITLE D NAME WELSH, WILLIAM STREET ADDRESS 4801 ROSEMONT PLACE CITY-ST-ZIP PENSACOLA, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/2006 Date	
		850-231-6004 Daytime Phone #	

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