

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-14-2007 90028 002 ****61.25

DOCUMENT # N06000002964					
1. Entity Name THE SOUNDINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 221 AVENUE E SUITE B APALACHICOLA, FL 32320			Mailing Address P.O. BOX 33 APALACHICOLA, FL 32329		
2. Principal Place of Business - No P.O. Box 1560 Peachtree Rd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State APALACHICOLA, FL			City & State		
Zip 32320		Country USA		4. FEI Number 20-8714556	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLOWAY, CHARLES H 221 AVENUE E SUITE B APALACHICOLA, FL 32320			7. Name and Address of New Registered Agent Name: Galloway, Charles H. Street Address (P.O. Box Number is Not Acceptable): 1560 Peachtree Road City: APALACHICOLA FL Zip Code: 32320		
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: <u>C.H. Galloway</u> DATE: <u>1-11-07</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 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	P GALLOWAY, CHARLES H 221 AVENUE E, SUITE B APALACHICOLA, FL 32320	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles H. Galloway 1560 Peachtree Rd APALACHICOLA, FL 32320	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>C.H. Galloway</u>			1-11-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			BSO-653-3505		

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