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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

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May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11013

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SOUNDSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.

1 million

Principal Place of Business Mailing Address 290 PLANTATION HILL RD 290 PLANTATION WILL RD 290 PLANTATION HILL RD 866 PLANTATION HILL ROAD **GULF BREEZE FL 32561-4860** GULF BREEZE FL 32561 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 09/09/1985 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2675247 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPRAGUE, WILLIAM RICHARD JR. Street Address (P.O. Box Number is Not Acceptable) 82 290 PLANTATION HILL RD 83 **GULF BREEZE FL 32561** 84 City 65 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE ___ Addition TITLE 1.1 TITLE Change SPRAGUE, WILLIAM R. JR. NAME 1.2 NAME 290 PLANTATION HILL RD 1.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HOFFMAN, DEBORAH NAME 2.2 NAME 3121 HWY. 297-A STREET ADDRESS 2.3 STREET ADDRESS CANTONMENT FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE HOFFMAN, TERRY G. NAME 3.2 NAME 3121 HWY. 297-A STREET ADDRESS 3.3 STREET ADDRESS **CANTONMENT FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CATY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address