

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N11013** (2)
1. Corporation Name
SOUNDSIDE VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 290 PLANTATION HILL RD GULF BREEZE FL 32561 US <i>DELETE</i>	Mailing Address 290 PLANTATION HILL RD GULF BREEZE FL 32561 US <i>DELETE</i>
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2. Principal Place of Business 21 1124 LAGUNA Suite, Apt. #, etc.	2a. Mailing Address 26 1124 LAGUNA Suite, Apt. #, etc.
City & State 23 GULF BREEZE, FL Zip Country 24 32561 25 US	City & State 27 GULF BREEZE, FL Zip Country 28 32561 29 US

3. Date Incorporated or Qualified 09/09/1985
4. FEI Number 59-2675247
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SPRAGUE, WILLIAM RICHARD JR. 290 PLANTATION HILL RD GULF BREEZE FL 32561 <i>DELETE</i>	10. Name and Address of New Registered Agent 81 Name Greta A. Bremser 82 Street Address (P.O. Box Number is Not Acceptable) 1124 LAGUNA 83 84 City GULF BREEZE FL 85 Zip Code 32561
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 *Greta A. Bremser* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SPRAGUE, WILLIAM R. JR. <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	LAURA L. ALLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	290 PLANTATION HILL RD	1.3 STREET ADDRESS	2734 BAY ST.
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE VD	HOFFMAN, DEBORAH <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	STEPHEN L. REEDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	3121 HWY. 297-A	2.3 STREET ADDRESS	2730 BAY ST.
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE STD	HOFFMAN, TERRY G. <input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	STACEY J. SCHERL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	3121 HWY. 297-A	3.3 STREET ADDRESS	2724 BAY ST
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Greta A. Bremser* 4/29/98 (850) 934-3395

CFR2037 (10/97)