8/16/00-90004-023-\$61.25-\$61.25 206 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N 1013 1. Entity Name SOUNDSIDE VILLAS HOMEOWNERS ASSOCIATION, INC. FILED 00 OCT 18 AM 9: 41 Principal Place of Business Mailing Address 1124 LAGUNA 1124 LAGUNA SECRETARY OF STATE GULF BREEZE FL 32561 GULF BREEZE FL 32561 TALLAHASSEE FLORIDA 2. Principal Place of Business 3. Mailing Address 707 IJOJ E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2675247 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent. 6.-Name and Address of Current Registered Agent Street Address (P.O. Number is Not Accessie) BREMSER, GRETATA SELETE 1124 LAGUNA 0פי GULF BREEZE FL 32561 City 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. After September 13, 2000 mln. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (5²00) Delete TITLE ALLEN, LAURA L NAME NAME STREET ADDRESS 2734 BAY ST STREET ADDRESS TOT E. Avery St CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** Delete TITLE Addition REEDER, STEPHEN L NAME NAME STREET ADDRESS 2730 BAY ST STREET ADDRESS 157 CITY-ST-ZIP **GULF BREEZE FL 32581** CITY-ST-ZIP STD. TITLE __ [] Addition . □ Delete SCHERL, STACEY J NAME NAME 2724 BAY ST STREET ADDRESS STREET ADDRESS 1.36 CITY-ST-ZIP **GULF BREEZE FL 32561** CITY-ST-ZIP Addition ☐ Detete TITLE SIP NAME NAME bean Rogan STREET ADDRESS STREET ADDRESS 728 BOX St CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 repeiver 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 subject the approvement.

SIGNATURE;

UTUNE AND TITLE DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/00 850-430-23