

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90945 037 ****61.25

0063871

DOCUMENT # N11497

1. Entity Name

SOUNDWIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ERIC FIELLIN
5539 SOUNDSIDE DR., UNIT B
GULF BREEZE FL 32561
US

ERIC FIELLIN
5539 SOUNDSIDE DR., UNIT B
GULF BREEZE FL 32561
US

2. Principal Place of Business

3. Mailing Address

5539 Soundside Dr

5539 Soundside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A

Unit A

City & State

City & State

Gulf Breeze FL

Gulf Breeze FL

Zip

Country

Zip

Country

32563

Santa Rosa

32563

Santa Rosa

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIELIN, ERIC
5539 SOUNDSIDE DR
#B
GULF BREEZE FL 32561

Name William H. Clarkson

Street Address (P.O. Box Number is Not Acceptable)

5539 Soundside Dr. Unit A

City Gulf Breeze

FL

Zip Code 32563

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.

SIGNATURE

[Signature]

William H. Clarkson

3-25-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FIELIN, ERIC 5539 SOUNDSIDE DR, #B GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKSON, WILLIAM 5539 SOUNDSIDE DR., #1 GULF BREEZE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, JIM 5539 SOUNDSIDE DR, #G GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, BILL 5539 SOUNDSIDE DR, #G GULF BREEZE FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	PD William H. Clarkson 5539 Soundside Dr #A Gulf Breeze FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gulf Breeze FL 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gulf Breeze FL 32563	<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

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 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]

William H. Clarkson

3-25-02

850-934-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)