
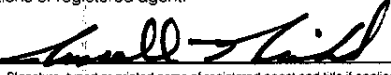
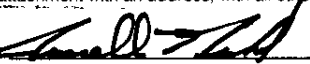


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90022 046 \*\*\*\*61.25

<b>DOCUMENT # N11497</b> 1. Entity Name <b>SOUNDWIND CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>ERIC FIELLIN</b> <b>5539 SOUNDSIDE DR., UNIT A</b> <b>GULF BREEZE, FL 32563 US</b>		Mailing Address <b>ERIC FIELLIN</b> <b>5539 SOUNDSIDE DR., UNIT A</b> <b>GULF BREEZE, FL 32563 US</b>	
2. Principal Place of Business <b>RUSSELL NICHOLS</b> Suite, Apt. #, etc. <b>5539 SOUNDSIDE DR. #F</b> City & State <b>GULF BREEZE FL</b> Zip <b>32563</b> Country <b>US</b>		3. Mailing Address <b>RUSSELL NICHOLS</b> Suite, Apt. #, etc. <b>5539 SOUNDSIDE DR. #F</b> City & State <b>GULF BREEZE FL</b> Zip <b>32563</b> Country <b>US</b>	
4. FEI Number <b>59-3016559</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CLARKSON, WILLIAM H</b> <b>5539 SOUNDSIDE DR., UNIT A</b> <b>GULF BREEZE, FL 32563</b>		7. Name and Address of New Registered Agent Name <b>RUSSELL NICHOLS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5539 SOUNDSIDE DR. #F</b> City <b>GULF BREEZE FL</b> Zip Code <b>32563</b>	
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 		DATE <b>8/19/04</b>	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CLARKSON, WILLIAM</b> <b>5539 SOUNDSIDE DR., UNIT A</b> <b>GULF BREEZE, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TRIS JOHNS DARRIN DARRIN</b> <b>5539 SOUNDSIDE DR. #E</b> <b>GULF BREEZE, FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PALMER, JIM</b> <b>5539 SOUNDSIDE DR. #D</b> <b>GULF BREEZE, FL 32563</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PALMER, BILL</b> <b>5539 SOUNDSIDE DR. #C</b> <b>GULF BREEZE, FL 32563</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>TRIS RUSSELL NICHOLS</b> <b>5539 SOUNDSIDE DR. #F</b> <b>GULF BREEZE, FL 32563</b>
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	<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	<input type="checkbox"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RUSSELL NICHOLS</b>	
Date <b>8/19/04</b>		Daytime Phone # <b>850/435-7622 x14</b>	