

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14003

FILED
Jan 20, 2012
Secretary of State

Entity Name: SOUNDVIEW TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

3149 LINDEN AVE
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

3145 LINDEN AVE.
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: 59-2710986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIPLEY, DENNIS K.
3145 LINDEN AVE.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SHIPLEY, DENNIS K.
Address: 3149 LINDEN AVE
City-St-Zip: GULF BREEZE, FL 32563

Title: ST
Name: MCDONALD, GAYLA
Address: 3145 LINDEN AVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: MURPHY, MICHAEL
Address: 3153 LINDEN AVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: SARRA, MIKE
Address: 3143 LINDEN AVE.
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: BRIAN, WEBB
Address: 3147 LINDEN AVE.
City-St-Zip: GULF BREEZE, FL 32563

Title: D
Name: DAN, GREEN
Address: 31451 LINDEN AVE.
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAYLA MCDONALD

TREA

01/20/2012

Electronic Signature of Signing Officer or Director

Date