

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90074 026 ****61.25

DOCUMENT # N19102

1. Entity Name

SOUNDSIDE HOME AND PROPERTY OWNERS ASSOCIATION I

Principal Place of Business

Mailing Address

**4639 SMOKEY ROAD
 GULF BREEZE FL 32561**

**P.O. BOX 6071
 GULF BREEZE FL 32561**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2950085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLIVER, L.G.
 4639 SMOKEY ROAD
 GULF BREEZE FL 32561**

Name

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

City

FL

Zip Code

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, 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 **PD** ☐ Delete
 NAME **OLIVER, L.G.**
 STREET ADDRESS **4639 SMOKEY ROAD**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **MINEO, RONALD M**
 STREET ADDRESS **4681 SOUNDSIDE DR**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **JORDAN, ALMA**
 STREET ADDRESS **4657 SOUNDSIDE DR.**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☒ Change ☐ Addition
 NAME **TD BOARD, WILLIAM**
 STREET ADDRESS **4525 SOUNDSIDE DRIVE**
 CITY-ST-ZIP **GULF BREEZE FL, 32561**

TITLE **SD** ☒ Delete
 NAME **WERNER, KATHLEEN**
 STREET ADDRESS **4581 SOUNDSIDE DR.**
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☒ Change ☐ Addition
 NAME **SD WILLIAMS, LISA**
 STREET ADDRESS **4501 BRICKYARD BAYOU ROAD**
 CITY-ST-ZIP **GULF BREEZE FL, 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2001

850-916-0478

Date

Daytime Phone #

CR2E037 (10/00)