

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19102**

1. Entity Name

**SOUNDSIDE HOME AND PROPERTY OWNERS ASSOCIATION I
NC.**

Principal Place of Business

Mailing Address

**4639 SMOKEY ROAD
GULF BREEZE FL 32561****P.O. BOX 6071
GULF BREEZE FL 32561****32563**

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****32563**

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	OLIVER, L.G.	
STREET ADDRESS	4639 SMOKEY ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MINEO, RONALD M	
STREET ADDRESS	4681 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	BOARD, WILLIAM	
STREET ADDRESS	4525 SOUNDSIDE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAM, LISA	
STREET ADDRESS	4501 BRICKYARD BAYOU ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32561 32563	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2002 850-916-0478

Date

Daytime Phone #

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90048 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)