## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N19102

FILED Apr 28, 2006 Secretary of State

Entity Name: SOUNDSIDE HOME AND PROPERTY OWNERS ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

4581 SOUNDSIDE DR. 4540 SABINE DR.

GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 US

Current Mailing Address: New Mailing Address:

P.O. BOX 6071

GULF BREEZE, FL 32561

FEI Number: 59-2950085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WERNER, MICHAEL ECHOLS, HUNTER 4581 SOUNDSIDE DR. ECHOLS, HUNTER 4540 SABINE DR.

GULF BREEZE, FL 32563 US GULF BREEZE, FL 32563 US

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: HUNTER ECHOLS 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 WERNER, MICHAEL
 Name:
 ECHOLS, HUNTER

 Address:
 4581 SOUNDSIDE DR.
 Address:
 4540 SABINE DR.

 City-St-Zip:
 GULF BREEZE, FL 32563
 City-St-Zip:
 GULF BREEZE, FL 32563

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

 Name:
 ECHOLS, HUNTER
 Name:
 PENDING, TBA

 Address:
 4540 SABINE DR.
 Address:
 4540 SABINE DR

 City-St-Zip:
 GULF BREEZE, FL 32563
 City-St-Zip:
 GULF BREEZE, FL 32563 US

Title: TD () Delete Title: () Change () Addition Name: HOLT, FORREST M Name:

Address: 4417 SOUNDSIDE DR. Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 HUGHES, JOAN
 Name:

 Address:
 4557 SOUNDSIDE TER.
 Address:

 City-St-Zip:
 GULF BREEZE, FL 32563
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FORREST M. HOLT TD 04/28/2006