

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19102

FILED
Mar 30, 2009
Secretary of State

Entity Name: SOUNDSIDE HOME AND PROPERTY OWNERS ASSOCIATION INC.

Current Principal Place of Business:

4649 SOUNDSIDE DR
GULF BREEZE, FL 32563 US

New Principal Place of Business:

4544 SABINE DRIVE
GULF BREEZE, FL 32563 US

Current Mailing Address:

P.O. BOX 6071
GULF BREEZE, FL 32563

New Mailing Address:

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

Name and Address of Current Registered Agent:

DICK, DAVID W
4649 SOUNDSIDE DR.
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 () Delete
Name: DICK, DAVID W
Address: 4649 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: VD () Delete
Name: OLIVER, LIEWELLYN
Address: 4639 SMOKEY RD.
City-St-Zip: GULF BREEZE, FL 32563 US

Title: TD () Delete
Name: PARKER, LYNN
Address: 4544 SABINE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: SD () Delete
Name: HALSALL, LESLIE
Address: 1124 BAYVIEW LN.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LYNN R PARKER SR

TD

03/30/2009

Electronic Signature of Signing Officer or Director

Date