

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19102

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** SOUNDSIDE HOME AND PROPERTY OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

4544 SABINE DRIVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6071  
GULF BREEZE, FL 32563

**New Mailing Address:**

4544 SABINE DRIVE  
GULF BREEZE, FL 32563 US

**FEI Number:** 59-2950085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVER, LIEWELLEN  
4639 SMOKEY RD  
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: OLIVER, LIEWELLEN  
Address: 4639 SMOKEY RD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: VD  
Name: SIMCO, ROBERT S  
Address: 4563 SOUNDSIDE TER.  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: TD  
Name: PARKER, LYNN R SR  
Address: 4544 SABINE DR  
City-St-Zip: GULF BREEZE, FL 32563

Title: SD  
Name: HALSALL, LESLIE  
Address: 4648 SMOKEY RD.  
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: LYNN R PARKER SR

TD

01/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date