

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90158 032 \*\*\*\*70.00

**DOCUMENT # N19102**

1. Entity Name

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



Principal Place of Business

**4639 SMOKEY ROAD  
GULF BREEZE FL 32563  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**4581 soundside Dr P.O. Box 6071**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Gulf Breeze, FL Gulf Breeze, FL**

Zip

Country

Zip

Country

**32563 USA 32561 USA**



☒ CHECK HERE IF MAKING CHANGES

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 32563**

Name **Michael Werner**

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

**4581 soundside Dr.**

City

FL

Zip Code

**Gulf Breeze 32563**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Michael Werner Pres. (PD) 1/20/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	OLIVER, L.G.	
STREET ADDRESS	4639 SMOKEY ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MINEO, RONALD M	
STREET ADDRESS	4681 SOUNDSIDE DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOARD, WILLIAM	
STREET ADDRESS	4525 SOUNDSIDE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAM, LISA	
STREET ADDRESS	4501 BRICKYARD BAYOU ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Werner	
STREET ADDRESS	4581 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byron H. Basham	
STREET ADDRESS	4633 smokey Rd.	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 prepare 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 **Michael Werner 1/20 (850) 932-1708**

CR2E037 (10/02)