


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90077 031 ****61.25

DOCUMENT # N26680					
1. Entity Name THE SOUNDINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1191 GULF BREEZE PKWY GULF BREEZE FL 32561 US			Mailing Address 1191 GULF BREEZE PKWY GULF BREEZE FL 32561 US		
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 59-2907555	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, CHRISTINA 1191 GULF BREEZE PKWY GULF BREEZE FL 32561				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, CYNTHIA	NAME			
STREET ADDRESS	1189 GULF BREEZE PKWY	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILT, CHRISTINA	NAME			
STREET ADDRESS	1191 GULF BREEZE PKWY	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VICK, JAMES	NAME			
STREET ADDRESS	1189 GULF BREEZE PKWY	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLBY, RICHARD	NAME			
STREET ADDRESS	1187 GULF BREEZE PKWY	STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MEVORACH, ROBERT D	NAME			
STREET ADDRESS	4725 BERRYWOOD RD	STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH VA 23464	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, RITA	NAME	Glenda Goodwin		
STREET ADDRESS	1193 GULF BREEZE PKWY	STREET ADDRESS	1195 Gulf Breeze Parkway		
CITY-ST-ZIP	GULF BREEZE FL 32561	CITY-ST-ZIP	Gulf Breeze, FL 32561		
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: <u>Christina Hilt</u> CHRISTINA HILT 01 Feb 05 (850) 932-0233					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					