

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2907555		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILT, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARNOLD, CYNTHIA 1189 GULF BREEZE PKWY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000601834 ☐ Change ☐ Addition 01/26/07-80064-021 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HILT, CHRISTINA 1191 GULF BREEZE PKWY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VICK, JAMES 1189 GULF BREEZE PKWY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COLBY, RICHARD 1187 GULF BREEZE PKWY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MEVORACH, ROBERT D 4725 BERRYWOOD RD VIRGINIA BEACH VA 23464 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GOODMAN, GLENDA 1195 GULF BREEZE PARKWAY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Christina Hilt **17 Jan 07 850932 0223**