

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26680

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE SOUNDINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1191 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

1191 GULF BREEZE PKWY
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 59-2907555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILT, CHRISTINA
1191 GULF BREEZE PKWY
GULF BREEZE, FL 32561 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: D () Delete
Name: VICK, CYNTHIA
Address: 1189 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: ST () Delete
Name: HILT, CHRISTINA
Address: 1191 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: P () Delete
Name: VICK, JAMES
Address: 1189 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: COLBY, RICHARD
Address: 1187 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: MEVORACH, ROBERT D
Address: 165 PELHAM RD
City-St-Zip: ROCHESTER, NY 14610

Title: D () Delete
Name: GOODMAN, GLENDA
Address: 1195 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

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:

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

Title: D (X) Change () Addition
Name: GOODWIN, GLENDA
Address: 1195 GULF BREEZE PARKWAY
City-St-Zip: GULF BREEZE, FL 32561

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: CHRISTINA HILT

RA

01/06/2009

Electronic Signature of Signing Officer or Director

Date