04261999-90181-010-$61.25-$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90181 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000635

546986 - 90014 - 4

1. Corporation Name
SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4588 WOODWIND DRIVE DESTIN FL 32541	SUNCOAST ASSOCIATION MANAGEMENT 155 POINCIANA BLVD. DESTIN FL 32541

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/06/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3389447 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Elector Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SCOTT, DAN
155 POINCIANA BLVD.
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUTLER, JOE		1.2 NAME		
STREET ADDRESS	207 NATURES TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FULMER, TIM		2.2 NAME		
STREET ADDRESS	P.O. BOX 5438, N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32540		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, DAVID		3.2 NAME		
STREET ADDRESS	707 ELISE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DURST, JUSTIN		4.2 NAME		
STREET ADDRESS	INDUSTRIAL PARK RD., UNIT 4C		4.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Dick Cook	
STREET ADDRESS			5.3 STREET ADDRESS	P O. Box 2530	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Santa Rosa Beach FL 32459	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Tim Fulmer, President 5/12/99 (850) 837-3141