

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 036 ****61.25

DOCUMENT # N95000000635					
1. Entity Name SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 4588 WOODWIND DRIVE DESTIN, FL 32541			Mailing Address C/O ACCESS ASSOC. MGT., INC. 1234 AIRPORT RD., #226 DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address P.O. Box 6580			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Destin, FL		4. FEI Number 59-3389447	
Zip		Zip 32550		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUDINGTON, GEORGE 1234 AIRPORT RD., SUITE #226 477 CAPTAINS CR DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 477 Captains Circle City Destin FL Zip Code 32541		
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.					
Filing Fee is \$81.25 Due by May 1, 2004		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 P NAME ELGIN, RENEE STREET ADDRESS 4569 WOODWIND DR. CITY - ST - ZIP DESTIN, FL 32541	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE VD NAME HERRMAN, JOE STREET ADDRESS 4556 WOODWIND DR. CITY - ST - ZIP DESTIN, FL 32541	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE SD NAME DURKIN, MARY JANE STREET ADDRESS 4567 WOODWIND DR. CITY - ST - ZIP DESTIN, FL 32541	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE D NAME WALKER, JAMES Y STREET ADDRESS 4590 WOODWIND DR. CITY - ST - ZIP DESTIN, FL 32541	☒ Delete		TITLE D NAME Lee Goodson STREET ADDRESS 4582 Woodward Dr. CITY - ST - ZIP Destin, FL 32541	☐ Change ☒ Addition	
TITLE D NAME FULMER, MITT STREET ADDRESS P.O. BOX 5170 CITY - ST - ZIP DESTIN, FL 32541	☒ Delete		TITLE D NAME Diane Salter STREET ADDRESS 4587 Woodward Dr. CITY - ST - ZIP Destin, FL 32541	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 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>Joe Herman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-20-04 850-269-0032 Date Daytime Phone #		