2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N9500000635 1. Entity Name SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.

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

1. Entity Name SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.									04		-	036 ****	
4588 WOODWIND DRIVE C/O DESTIN, FL 32541 1-23				alling Address /O ACCESS ASSOC. MGT., INC. 234 ARPORT RD., #226 ESTIN, FL 32541									
2. Principal Place of Business 3.			3. Mail	3. Mailing Address P.O.Pox しら80									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03242004	Chg-	NP	CR2E0	37 (10/03)	
City & State			$\mathcal{O}_{c_{!}}$	Ocstin, FL				4. FEI Number 59-3389447					optied For ot Applicable
Zip Country			32	52550 Counti			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Curre	nt Registere	d Agent		Name		7. Name an	d Addres	s of New I	Registered	Agent	
	טאד אט.	RGE , SUITE #226 - 4-7	7 7 GA	OFAINS	-c.		Address (I	P.O. Box Numl	ber is Not	Acceptabl	le)		
DESTIN, FL 32541				477				Captains Circle					
						City C	105	tin			FL	· 33°	341
	named entit tions of regist	ty submits this statement tered agent.	t for the purp	ose of changing	its register	red office o	r register	ed agent, or b	oth, in the	State of F	Torida. Iam	familiar with,	and accept
SIGNATURE .		d or printed name of registered agr	ent and title if app	- Ot				T.W.T.					
	G		,	nicable. (19	OTE: Hegistere	ed Agent signa	ture required	when reinstating)			DATE		
	Filing Fe	ee is \$61.25 May 1, 2004		9. Election C		Financing	ture required	\$5.00 May Added to Fee	Be s		Make chec	k payable t	
10.	Filing Fe Due by N	e is \$61.25		9. Election C Trust Fund	ampaign f	Financing tion.		\$5.00 May	S	Flo	Make chec orida Depai	tment of S	tate
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12. Thereby certify that the information supplied with this filling 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 Justee 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 .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

850-269-0033

Daytime Phone #