

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000635

FILED
Feb 11, 2009
Secretary of State

Entity Name: SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4588 WOODWIND DR
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

POB 1895
DESTIN, FL 32540

New Mailing Address:

12273 U.S. HWY 98
SUITE 208
DESTIN, FL 32550

FEI Number: 59-3389447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEACOAST ASSOCIATION MANAGEMENT, INC.
12273 US HWY 98 SUITE 204A
DESTIN, FL 32550 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: V () Delete
Name: MUELLER, KIP
Address: 4577 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: DURKIN, MARK
Address: 4567 WOODWIND DR.
City-St-Zip: DESTIN, FL 32541

Title: P () Delete
Name: DOSSEY, RHONDA
Address: 4577 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: LEIRER, WALT
Address: POB 1895
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: WALKER, SUE
Address: 4590 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FELIZ, MANNY
Address: 4566 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: V (X) Change () Addition
Name: GOODSON, LEE
Address: 4582 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: T (X) Change () Addition
Name: WALKER, SUE
Address: 4590 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

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

Title: D (X) Change () Addition
Name: TOM, RICE
Address: 4557 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

Title: D () Change (X) Addition
Name: RHONA, DOSSEY
Address: 4579 WOODWIND DR
City-St-Zip: DESTIN, FL 32541

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: WALT LEIRER

MR.

02/11/2009

Electronic Signature of Signing Officer or Director

Date