2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N95000000635

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:

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

New Mailing Address:

C/O SOUTHERN ASSOCIATION MANAGEMENT
34894 EMERALD COAST PKWY
DESTIN, FL 32541

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:

SOUTHERN ASSOCIATION MANAGEMENT
34894 EMERALD COAST PKWY
DESTIN, FL 32541 US

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: KATHLEEN CRESSE 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

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: KATHLEEN CRESSE CAM 04/23/2009
Electronic Signature of Signing Officer or Director Date