
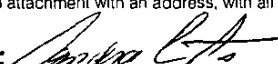


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 022 ****61.25

DOCUMENT # N97000000347 1. Entity Name SOUND FOREST HOMEOWNERS ASSOCIATION OF GULF BREEZE, INC.					
Principal Place of Business P.O. BOX 6062 GULF BREEZE, FL 32563			Mailing Address P.O. BOX 6062 GULF BREEZE, FL 32563		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3445262	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PITKIN, SANDRA C 4267 BREVITY BLVD GULF BREEZE, FL 32563				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BISHOP, ROBERT		NAME		
STREET ADDRESS	1422 SOUND FOREST DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALTER, MARY		NAME	LANDRUM, BRITT	
STREET ADDRESS	1434 SOUND FOREST DR.		STREET ADDRESS	1416 SOUND FOREST DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORVIN, PEGGY		NAME	GOLDSMITH, KAREN	
STREET ADDRESS	1434 SOUND FOREST DR		STREET ADDRESS	1443 SOUND FOREST DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITKIN, SANDRA		NAME		
STREET ADDRESS	4267 BREVITY BLVD		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTER, DICK		NAME		
STREET ADDRESS	1434 SOUND FOREST DDR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANDRUM, BRITT		NAME	KELLNER, LINDA	
STREET ADDRESS	1416 SOUND FOREST DR		STREET ADDRESS	1410 SOUND FOREST DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563		CITY-ST-ZIP	GULF BREEZE, FL 32563	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SANDRA C. PITKIN, TREAS.			1/31/06 (850) 384-7125		
Date			Daytime Phone #		