2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State

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1. Entity Name

SOUND FOREST HOMEOWNERS ASSOCIATION OF



	EEZE, INC.	1000011111011								
Principal Place of Business P.O. BOX 6062 GULF BREEZE, FL 32563		Mailing Address P.O. BOX 6062 GULF BREEZE, FL 32563			40	01341	0 3			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	··		01062008	Chg-N	P	CR2EC	37 (12/06)	
City & Stat	е	City & State			4. FEI Numb					Applied For
Zip	Country	Zip	Country		5. Certificat	e of Status I	Desired		\$8.75 Ac	dditional
	6. Name and Address of Current	Registered Agent			7. Name an	d Address	of New Re	gistered	Agent	
PITKIN, SA					NER					
	VITY BLVD EEZE, FL 32563		Street A	Address (P	.O. Box Numl	ber is Not A	cceptable)	1		
OOL! DINE	122, 12 02000		14	10 50	DUND F	ORESI	r D2			
	•		City		BREEZE			FL	Zip Co	de 563
8. The above	named entity submits this statement to	r the purpose of changing its re					State of Flor			
the obligat	ions of registered agent.	un Javioke	<i>-</i> /1					1.	/	
SIGNATURE	A IN TOTAL		INEK			•	,	2141	08 .	<u>``</u>
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE F	legistered Agent signat	ture required i	when reinstating)	· ,		DATE		·-
297- 	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co			\$5.00 May Added to Fee				k payable rtment of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE	Trust Fund Co	ntribution.	<u> </u>		s	Flori	da Depa	RECTORS	State N 10
	Filing Fee is \$61.25 Due by May 1, 2008	Trust Fund Co	ntribution.		Added to Fee	S HANGES TO	Florio	da Depa	rtment of	State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTER, DICK 1434 SOUND FOREST DR. GULF BREEZE, FL. 32563	Trust Fund Co	11. HTLE NAME STREET ADDRESS CHY-SI-ZIP	T KE 141	Added to Fee	HANGES TO	Florid O OFFICER UID REST	da Depa RS AND D	IRECTORS I	State N 10 Addition
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10. IJILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P WALTER, DICK 1434 SOUND FOREST DR. GULF BREEZE, FL 32563 V LANDRUM, BRITT 1416 SOUND FOREST DR.	Trust Fund Co	11. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T KE 1411 GUL D PIT 420	Added to Fee DDITIONS/CI LLNER O SOUA LFBEE KIN, F	HANGES TO DA FOR EEZE RICHA	Florice OFFICER JID EEST FC RD BLVO.	da Depa RS AND D D ス 3256	IRECTORS I	State N 10 Addition
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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:

Author 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 as equired by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as equired by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated on the further certification of the corporation of