

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90181 047 ****61.25

DOCUMENT # N98000001938
 1. Entity Name
 SOUNDSSIDE DRIVE PROPERTY OWNERS' ASSOCIATION OF GULF BREEZE, INC.



Principal Place of Business: 711 WEST GARDEN STREET, PENSACOLA, FL 32502
 Mailing Address: PO BOX 12882, PENSACOLA, FL 32576-2882



04252006 No Chg-NP CR2E037 (11/05)

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4. FEI Number: 59-3563514 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GODWIN, RICHARD D
 711 WEST GARDEN STREET
 PENSACOLA, FL 32502

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GODWIN, J W
STREET ADDRESS	711 WEST GARDEN STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	GODWIN, THOMAS S
STREET ADDRESS	711 WEST GARDEN STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	D
NAME	GODWIN, RICHARD D
STREET ADDRESS	711 WEST GARDEN STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *R. D. Godwin* 4.28.06 950 4322583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #