

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N98000001938

1. Entity Name
**SOUNDSIDE 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**



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GODWIN, RICHARD D
711 WEST GARDEN STREET
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

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	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/21/07-80017-008 61.25

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**

4-27-07

Date Daytime Phone #