2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2014
Secretary of State
CC0158499860

DOCUMENT# N95000000635

Entity Name: SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4588 WOODWIND DR
DESTIN, FL 32541

Current Mailing Address:

C/O SOUTHERN ASSOCIATION MANAGEMENT
4608 OPA LOCKA LANE SUITE 300
DESTIN, FL 32541

FEI Number: 59-3389447

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
4608 OPA LOCKA LANE
SUITE 300
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP	Title	PRESIDENT
Name	GUNDERSON, TREVOR	Name	ROSS, DEBORAH
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300	Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541
Title	S	Title	T
Name	WALKER, SUE	Name	YOKE, RICK
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300	Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541
Title	D		
Name	SUDDARTH, KITT		
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 4608 OPA LOCKA LANE SUITE 300		
City-State-Zip:	DESTIN FL 32541		

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH ROSS PRESIDENT 02/21/2014

Electronic Signature of Signing Officer/Director Detail — Date