

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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
36468 EMERALD COAST PKWY SUITE 7102
DESTIN, FL 32541 US**FEI Number:** 59-3389447**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTHERN ASSOCIATION MANAGEMENT
36468 EMERALD COAST PARKWAY
SUITE 7102
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
Name	THOMPSON, GRAHAM
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 36468 EMERALD COAST PARKWAY SUITE 7102
City-State-Zip:	DESTIN FL 32541

Title	PRESIDENT
Name	DOSSEY, RHONDA
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 36468 EMERALD COAST PARKWAY SUITE 7102
City-State-Zip:	DESTIN FL 32541

Title	SECRETARY
Name	LLOYD, JOHN
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 36468 EMERALD COAST PARKWAY SUITE 7102
City-State-Zip:	DESTIN FL 32541

Title	DIRECTOR
Name	REYES, JOSE RODRIGO
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 36468 EMERALD COAST PARKWAY SUITE 7102
City-State-Zip:	DESTIN FL 32541

Title	TREASURER
Name	BUHR, TODD
Address	C/O SOUTHERN ASSOCIATION MANAGEMENT 36468 EMERALD COAST PARKWAY SUITE 7102
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: RHONDA DOSSEY

PRESIDENT

02/15/2018

Electronic Signature of Signing Officer/Director Detail_____
Date