

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000635

Entity Name: SOVEREIGN ISLE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**25 WALTER MARTIN RD. N.E.
202
FORT WALTON BEACH, FL 32549**Current Mailing Address:**P.O. BOX 2620
C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620
FT WALTON BEACH, FL 32549 US**FEI Number: 59-3389447****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCLEOD, JON
25 WALTER MARTIN DR N.E.
25 WALTER MARTIN SUITE 202
FORT WALTON BEACH, FL 32549 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: JON E MCLEOD****02/14/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LARKIN, GEORGE
Address	C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	TREASURER, SECRETARY
Name	BUHR, TODD
Address	C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620 SUITE 7102
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	SECRETARY
Name	WALKER, SUE
Address	C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	SUDDARTH, KATHERINE
Address	C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620
City-State-Zip:	FORT WALTON BEACH FL 32549

Title	DIRECTOR
Name	STAFFORD, MIKE
Address	P.O. BOX 2620 C/O PANHANDLE PROPERTY GROUP, INC P.O. BOX 2620
City-State-Zip:	FT WALTON BEACH FL 32549

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: GEORGE LARKIN**P****02/14/2022**

Electronic Signature of Signing Officer/Director Detail

Date