

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000349

FILED
May 30, 2009
Secretary of State

Entity Name: SOUTHERN PINES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

151 E. HIGHLAND BLVD., STE 171
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

151 E. HIGHLAND BLVD., STE 171
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 20-4928151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EDEN, JOHN J IV
151 E. HIGHLAND BLVD., STE. 171
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDEN, JOHN H IV
Address: 151 E. HIGHLAND BLVD., STE. 171
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: EDEN, PATRICIA S
Address: 151 E. HIGHLAND BLVD., STE. 171
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: LEE, CORA L
Address: 151 E. HIGHLAND BLVD., STE. 171
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: EDEN, JOHN H IV
Address: 151 E. HIGHLAND BLVD., STE. 171
City-St-Zip: INVERNESS, FL 34452

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN H. EDEN IV

Electronic Signature of Signing Officer or Director

PRES

05/30/2009

Date