

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002628

**Entity Name:** SOUTHERN PINES HOMEOWNERS ASSOCIATION OF CLERMONT, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC9280956862**

**Current Principal Place of Business:**

C/O EMPIRE MANAGEMENT GROUP, INC  
1135 EAST AVENUE  
CLERMONT, FL 34711

**Current Mailing Address:**

C/O EMPIRE MANAGEMENT GROUP, INC  
1135 EAST AVENUE  
CLERMONT, FL 34711 US

**FEI Number: 55-0829445**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EMPIRE MANAGEMENT GROUP, INC  
1135 EAST AVENUE  
CLERMONT, FL 34711 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: MICHAEL MILLER**

**01/25/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name LEITER, SCOTT  
Address 1135 EAST AVE  
City-State-Zip: CLERMONT FL 34711

Title D  
Name HAMMARQUIST, PETE  
Address 1135 EAST AVE  
City-State-Zip: CLERMONT FL 34711

Title P  
Name FABARA, ALEX  
Address 1135 EAST AVE.  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name KOVACIK, GREG  
Address 1135 EAST AVE  
City-State-Zip: CLERMONT FL 34711

Title T  
Name SWORDS, JEANNE  
Address 1135 EAST AVE  
City-State-Zip: CLERMONT FL 34711

*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: ALEX FABARA**

**PRESIDENT**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date