2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008543

FILED Apr 30, 2009 Secretary of State

Entity Name: SOUTHERN PINES RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
PO BOX 2402 FT WALTON BEACH, FL 32549			1763 OLD RANCH RD FT WALTON BEACH, FL 32547 New Mailing Address:	
Current Mailing Address:		New Mailing Address		
PO BOX 2402 FT WALTON BEACH, FL 32549		P.O. 2402 FT WALTON BEACH,	P.O. 2402 FT WALTON BEACH, FL 32549	
FEI Number:	56-2349685 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
FORT WA	RANCH RD. LTON BEACH, FL 32547 US named entity submits this statement for the purp	pose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.			
SIGNATUF			Date	
	Electronic Signature of Registered Agent		Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete MILLS, DONALD 1778 OLD RANCH ROAD FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete KINDRED, KEITH 1784 OLD RANCH RD FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete BOURQUE, LAURENCE 1770 OLD RANCH ROAD FORT WALTON BEACH, FL 32547		(X) Change () Addition LAURENCE ANCH ROAD ON BEACH, FL 32547	
Title: Name: Address: City-St-Zip:	D () Delete FOSTER, WILLIE 1754 OLD RANCH RD FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete TUSKES, JULIE 1763 OLD RANCH RD FORT WALTON BEACH, FL 32547	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete LOPEZ, CHUCK 1768 OLD RANCH RD FORT WALTON BEACH, FL 32547	Title: D Name: LOPEZ, CHI Address: 1768 OLD F City-St-Zip: FORT WALT		

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: JULIE TUSKES T 04/30/2009