2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N03000007089

Entity Name: SOUTHERN PINES OF OSCEOLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

231 RUBY AVENUE
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

PO BOX 452847
KISSIMMEE, FL 34745

FEI Number: 20-0280389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC.
231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 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: P ( ) Delete
Name: FRIEDMAN, GEORGE
Address: 955 KELLER ROAD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete
Name: HOWARD, SCOTT
Address: 955 KELLER ROAD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete
Name: GOLDFARB, ROBERT
Address: 955 KELLER ROAD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: BERRYHILL, BILL
Address: 955 KELLER ROAD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GEORGE FRIEDMAN P 04/28/2008

Electronic Signature of Signing Officer or Director — Date