

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007089

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

241 RUBY AVENUE  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**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.  
241 RUBY AVENUE  
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:** DP  
**Name:** FRIEDMAN, GEORGE  
**Address:** 955 KELLER ROAD SUITE 1500  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** DVP  
**Name:** HOWARD, SCOTT  
**Address:** 955 KELLER ROAD SUITE 1500  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** DST  
**Name:** BERRYHILL, BILL  
**Address:** 955 KELLER ROAD SUITE 1500  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** MARK HILLS

RA

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date