2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N04000002628

1. Entity Name

SOUTHERN PINES HOMEOWNERS ASSOCIATION OF CLERMONT, INC.



FILED
May 01, 2006 08:00 AN
Secretary of State

Principal Place of Business 1135 EAST AVENUE CLERMONT, FL 34711 Mailing Address

1135 EAST AVENUE CLERMONT, FL 34711



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 55-0829445

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LADD, DALE J 1135 EAST AVENUE CLERMONT, FL 34711

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8. The above the obligat	named entity submits this statement for the pations of registered agent.	purpose of changing its registered o	office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	'Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Ag	ent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financin Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, DALE J 1135 EAST AVENUE CLERMONT, FL 34711	·			U00000558350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LADD, DARRYL A 1135 EAST AVENUE CLERMONT, FL 34711				05/17/06-80090-014 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADD, NANCY 1135 EAST AVENUE CLERMONT, FL 34711			DO	NOT WRITE
TITLE HAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: