

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000002628**

1. Entity Name  
 SOUTHERN PINES HOMEOWNERS ASSOCIATION OF CLERMONT, INC.



Principal Place of Business

1135 EAST AVENUE  
 CLERMONT, FL 34711

Mailing Address

1135 EAST AVENUE  
 CLERMONT, FL 34711



03072007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0829445	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000670223  
 03/27/07-80103-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADD, DALE J 1135 EAST AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LADD, DARRYL A 1135 EAST AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADD, NANCY 1135 EAST AVENUE CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 indicated 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:**

*Dale J. Ladd*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/07 352-394-8086  
 Date Daytime Phone #