


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002628
 1. Entity Name
SOUTHERN PINES HOMEOWNERS ASSOCIATION OF CLERMONT, INC.



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| Principal Place of Business 1135 EAST AVENUE CLERMONT, FL 34711 | Mailing Address 1135 EAST AVENUE CLERMONT, FL 34711 |
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 55-0829445 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LADD, DALE J
 1135 EAST AVENUE
 CLERMONT, FL 34711

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000937764
 05/27/08-80064-002 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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* **4-16-08** **352-394-8616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #