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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006600

1. Corporation Name

SOUTHERN PINES HOMEOWNER'S ASSOCIATION OF PALATK A, INC.

Principal Place of Business	Mailing Address
601 ST. JOHNS AVENUE PALATKA FL 32177	601 ST. JOHNS AVENUE PALATKA FL 32177

2. Principal Place of Business
21 115 RACHEL ROAD
Suite, Apt. #, etc.
22 [illegible]
City & State
23 PALATKA, FL
Zip 24 32177 Country 25 USA

2a. Mailing Address
26 115 RACHEL ROAD
Suite, Apt. #, etc.
27
City & State
28 PALATKA, FL
Zip 29 32177 Country 30 USA

3. Date Incorporated or Qualified
11/20/1997

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HEDSTROM, EDWARD E
601 ST. JOHNS AVENUE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: BARBARA J. McMEHEN
82 Street Address (P.O. Box Number is Not Acceptable): 115 RACHEL ROAD
83
84 City: PALATKA FL 85 Zip Code: 32177

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Barbara J. McMehen BARBARA J. McMEHEN, DIRECTOR 4/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMEHEN, BARBARA 115 RACHEL RD PALATKA FL 32177	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILLMAN, ELAINE 106 PATRICIA PLACE PALATKA FL 32177	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D KELLY, DEAN 131 TESSA TERRACE PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FILLMAN, JACK 112 RACHEL ROAD PALATKA FL 32177	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D INGRAM, EDISON 116 RACHEL ROAD PALATKA, FL 32177	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. McMehen 4/13/99 (904)325-4815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA J. McMEHEN