

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 20, 2005
Secretary of State

DOCUMENT# N99000005092

Entity Name: SOUTHERN PINES PRD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1737 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**New Principal Place of Business:**P.O. BOX 731676
ORMOND BEACH, FL 32173**Current Mailing Address:**1737 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**New Mailing Address:**P.O. BOX 731676
ORMOND BEACH, FL 32173**FEI Number:** 59-3646344**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EVERY, KELLY
1737 RIDGEWOOD AVE.
HOLLY HILL, FL 32117 US**Name and Address of New Registered Agent:**SHEPPARD, ROBERT PRES
63 CALADIUM DR
ORMOND BEACH, FL 32173 US

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: ROBERT SHEPPARD

06/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: EVERY, KELLY
Address: 1737 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117**Title:** VD () Delete
Name: EVERY, RICHARD
Address: 1737 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117**Title:** STD (X) Delete
Name: EVERY, PENNY
Address: 1737 RIDGEWOOD AVE.
City-St-Zip: HOLLY HILL, FL 32117**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: SHEPPARD, ROBERT PRES
Address: P.O. BOX 731676
City-St-Zip: ORMOND BEACH, FL 32173**Title:** ST (X) Change () Addition
Name: ECKERSEN, KATHRYN C SEC/TRE
Address: P.O. BOX 731676
City-St-Zip: ORMOND BEACH, FL 32176**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHRYN CHERAY ECKERSEN

ST

06/20/2005

Electronic Signature of Signing Officer or Director

Date