## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # N9900005092  1. Entity Name SOUTHERN PINES PRD HOMEOWNERS ASSOCIATION, INC.					Secretary of State 03-06-2006 90015 013 ****61.25				
	Principal Place P.O. BOX 73 ORMOND BE		Mailing Address P.O. BOX 731676 ORMOND BEACH, FL 32	173	dunean		ern deus detêl eith d	171 A1182 WING	ilki Sil IBITi
2. Principal Place of Business		lace of Business	3. Mailing Address						
ŀ	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02282008 C	hg-NP	CR2E037	(11/05)	
ľ	City & State	е	City & State		4. FEI Number 59-364634	14			plied For Applicable
I	Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		3.75 Add e Required	
ľ		6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New	Registered Age	ent	
Γ		2 202527 2052		Name	Ric FRA	کرار	•		•
SHEPPARD, ROBERT PRES 63 CALADIUM DR				Street Addres	Street Address (P.O. Box Number is Not Aegeptable)				
ORMOND BEACH, FL 32173				51 CALADIUM WAN					
				City 100	City Ormano Boach FL Zip Code 174				
ŀ	9 The above	named entity submits this statement fo	u the numero of hearding its re				Ilorida Jam faa	ے کے	end accept
١		ions of registered agent.		.g				,	
	SIGNATURE .	Signature, typed or printed name of registered agent	and time if applicable. (NOTE: F	EZIC C. P.	ALING PAL gured when revisition()	SIDONT	Z DATE	/28/	106
	SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable. (NOTE: F  9. Election Camp  Trust Fund Col	Registered Agent agnature requested agent agnature requested agnature	\$5.00 May Be Added to Fees		DATE  Make check p  prida Departm	ayable to	)
		Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	Registered Agent agreeure registered Agent agreement registered Agent agreement registered ag	\$5.00 May Be Added to Fees  ADDITIONS/CHANG	l Flo	Make check portida Departm	ayable to	ate
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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 trustge 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 attactiment with an address, with all other like empowered.

STREET ACCRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PROVIDED NAME OF SIGNANG OFFICER OR DIRECTOR

Delete

2/28/06 3866737448

☐ Change ☐ Addition