## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # N99000005092 01-16-2008 90022 027 \*\*\*\*61.25 SOUTHERN PINES PRD HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business P.O. BOX 731676 P.O. BOX 731676 ORMOND BEACH, FL 32173 ORMOND BEACH, FL 32173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chq-NP CR2E037 (12/06) Applied For City & State 4. FEI Numbe City & State 59-3646344 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C DAVID HOOD SHEPPARD, BOBERT Street Address (P.O. Box Number is Not Acceptable) SMITH HOOD FRKINS 63 CALADIÚM DR ORMOND BEACH, FL 32174 444 SEA BREEZE 501TE 900 Zip Code 32118 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT ☐ Change Addition TITLE TITLE 🙀 Delete RAYMOND CULGIN SHEPPARD, ROBERT NAME 11 ACANTHUS 63 CLADIUM DR STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32174 VICE PRESIDENT TITLE ☐ Change Addition TITLE Delete SHAWN HORSLEY MILLER, BARRY NAME NAME STREET ADDRESS 23 ACANTHUS STREET ADDRESS 55 CALADIUM DR CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP DRMOND BEACH FL 32174 SECRETARY Change Addition TITLE Delete TITLE O' SULL IVAN SEAN TAYLOR, KEITH NAME NAME 27 ACANTHUS 19 ACITUTHUS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32174 ORMOND BEACH FL 32174 MANAGER ☐ Delete X Addition TITLE TITLE ROSELLE T. JOHNSON NAME 213 BAY PINES STREET ADDRESS STREET ADDRESS CITY-ST-7IP DRMOND BEACH, FL 32174 CITY-ST-ZIP DIRECTOR ☐ Change Addition TITLE TITLE ☐ Delete ROBERT # TRAVITZ NAME 4 ACANTHUS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32 17 Y CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier ental 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. 12. I hereby certify that the information

FILED

Jan 16, 2008 8:00 am