2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N99000005092

Entity Name: SOUTHERN PINES PRD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 731676
ORMOND BEACH, FL 32173

New Principal Place of Business:

213 BAY PINES CT
ORMOND BEACH, FL 32174

Current Mailing Address:

P.O. BOX 731676
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3646344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOD, C. DAVID
444 SEA BREEZE BLVD STE900
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

HOOD, DAVID
444 SEA BREEZE BLVD STE900
DAYTONA BEACH, FL 32118 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: DAVID HOOD 01/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CULGIN, RAYMOND
Address: 11 ACANTHUS
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: HORSLEY, SHAWN
Address: 23 ACANTHUS
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete
Name: O'SULLIVAN, SEAN
Address: 27 ACANTHUS
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR (X) Delete
Name: HOHNSON, ROSELLE T
Address: 213 BAY PINES
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: TRAVITZ, ROBERT
Address: 4 ACANTHUS
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JOHNSON, ROSELLE T
Address: 213 BAY PINES CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST (X) Change ( ) Addition
Name: O'SULLIVAN, SEAN
Address: 27 ACANTHUS
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROSELLE JOHNSON D 01/23/2009
Electronic Signature of Signing Officer or Director Date