

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005092

Entity Name: SOUTHERN PINES PRD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

785 WEST GRANADA BOULEVARD
SUITE 5
ORMOND BEACH, FL 32174

Current Mailing Address:

785 WEST GRANADA BOULEVARD
SUITE 5
ORMOND BEACH, FL 32174 US

FEI Number: 59-3646344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTHERN STATES MANAGEMENT GROUP, INC.
785 WEST GRANADA BOULEVARD
SUITE 5
ORMOND BEACH, FL 32174 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: JEFFREY ANNON

04/26/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCILRATH, DAN
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name SEVERINI, GEORGE
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

Title VPD
Name MOZO, JIM
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name SMITH, DONALD
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

Title SD
Name SANTROCK, LINDA
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name LASH, BIANCA
Address 785 WEST GRANADA BOULEVARD
SUITE 5
City-State-Zip: ORMOND BEACH FL 32174

I hereby 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 all other like empowered.

SIGNATURE: DAN MCILRATH

PRESIDENT

04/26/2025

Electronic Signature of Signing Officer/Director Detail

Date