

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730672

FILED  
Jan 09, 2004  
Secretary of State

**Entity Name:** SPRUCE CREEK PROPERTY OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

212-1 CESSINA BLVD  
DAYTONA BEACH, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

212-1 CESSINA BLVD  
DAYTONA BEACH, FL 32128 US

**New Mailing Address:**

**FEI Number:** 23-7422285      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAUMANN, KARLA L, MNGR  
212-1 CESSNA BLVD.  
DAYTONA BEACH, FL 32128 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GAGE, RAYMOND  
Address: 212-1 CESSNA BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32128

Title: SD ( ) Delete  
Name: O'DONNELL, STEVE  
Address: 212-1 CESSNA BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32128

Title: SD ( ) Delete  
Name: WATTS, W G  
Address: 1869 SECLUSION DR  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: TD ( ) Delete  
Name: JACOBS, PETER  
Address: 100 CESSNA BLVD, SUITE A  
City-St-Zip: DAYTONA BEACH, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition  
Name: WATTS, W G  
Address: 1869 SECLUSION DR  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: TD (X) Change ( ) Addition  
Name: CRUZEN, LARRY  
Address: 212-1 CESSNA BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32128

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: W.G.WATTS

P

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date