

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2009
Secretary of State**

DOCUMENT# N01981

Entity Name: SETTLER'S SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 38293
TALLAHASSEE, FL 32315

New Principal Place of Business:

SETTLERS SPRINGS BLVD
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 38293
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 59-3655641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCREWS, BRUCE
2731 TETON TRAIL
TALLAHASSEE, FL 32303 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: PD () Delete
Name: SCREWS, BRUCE
Address: 2731 TETON TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD () Delete
Name: WATHEN, TAMMI B
Address: 2878 N SETTLERS BLVD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRUCE SCREWS

P

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date