

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90043 025 \*\*\*\*61.25

**DOCUMENT # N05000000321**



**1. Entity Name**  
 SETTLERS CREEK OF CENTRAL FLORIDA  
 HOMEOWNERS ASSOCIATION, INC.

**Principal Place of Business**  
 1420 SOUTH FLORIDA AVENUE  
 LAKELAND, FL 33803

**Mailing Address**  
 1420 SOUTH FLORIDA AVENUE  
 LAKELAND, FL 33803

40001000



**2. Principal Place of Business - No P.O. Box #**

5018 Greenbrook Ln  
 Suite, Apt. #, etc.

**3. Mailing Address**

PO Box 5284  
 Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

**City & State**  
 Lakeland FL

**City & State**  
 Lakeland FL

**4. FEI Number**  
 33-0416359

**Applied For**  
 Not Applicable

**Zip**  
 33811

**Country**  
 US

**Zip**  
 33807

**Country**  
 US

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HARPER, PAUL SEAN  
 1420 SOUTH FLORIDA AVENUE  
 LAKELAND, FL 33803

**7. Name and Address of New Registered Agent**

**Name** Kay Elliott  
**Street Address (P.O. Box Number is Not Acceptable)**  
 5018 Greenbrook Ln  
**City** Lakeland **FL** **Zip Code** 33811

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

1/23/07

DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

**9. Election Campaign Financing**  
 Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	HARPER, ROBERT F III	
<b>STREET ADDRESS</b>	1420 SOUTH FLORIDA AVENUE	
<b>CITY-ST-ZIP</b>	LAKELAND, FL 33803	
<b>TITLE</b>	PD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	HARPER, PAUL SEAN	
<b>STREET ADDRESS</b>	1420 SOUTH FLORIDA AVENUE	
<b>CITY-ST-ZIP</b>	LAKELAND, FL 33803	
<b>TITLE</b>	STD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	REEBER, CHARLES H	
<b>STREET ADDRESS</b>	5902 BRECKENRIDGE PARKWAY SUITE B	
<b>CITY-ST-ZIP</b>	TAMPA, FL 33610	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Greg Jackson	
<b>STREET ADDRESS</b>	8298 Settlers Creek Ln	
<b>CITY-ST-ZIP</b>	Lakeland, FL 33810	
<b>TITLE</b>	DYP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Doug Spiers	
<b>STREET ADDRESS</b>	8008 Settlers Creek Ln	
<b>CITY-ST-ZIP</b>	Lakeland, FL 33810	
<b>TITLE</b>	DYP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Mike Giamoala	
<b>STREET ADDRESS</b>	1668 Settlers Creek Way	
<b>CITY-ST-ZIP</b>	Lakeland, FL 33810	
<b>TITLE</b>	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Michelle Rebello	
<b>STREET ADDRESS</b>	8042 Settlers Creek Ln	
<b>CITY-ST-ZIP</b>	Lakeland, FL 33810	
<b>TITLE</b>	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Kamil Mahamed	
<b>STREET ADDRESS</b>	8010 Settlers Creek Ln	
<b>CITY-ST-ZIP</b>	Lakeland FL 33810	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 supplemental 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.**

**SIGNATURE:**

Gregory Jackson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

1/23/07  
 DATE

863-647-1739  
 DAYTIME PHONE #