

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

JULY - 1 AM 8:51

**DOCUMENT # N12917 (3)**  
1. Corporation Name  
**SPENCER TRAILS PROPERTY OWNER'S ASSOCIATION, INC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **2415 QUARTER HORSE TRAIL MIDDLEBURG FL 32068**  
Mailing Address: **2415 QUARTER HORSE TRAIL MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **01/09/1986**  
3a. Date of Last Report: **03/02/1994**  
4. FEI Number: **NOT APPLICABLE**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MONTGOMERY, JEANETTE L.  
2415 QUARTER HORSE TRAIL  
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  
SIGNATURE: *Jeanette L. Montgomery* STD DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUCKINS, CLIFFORD
STREET ADDRESS	5329 RAZORBACK CT
CITY, ST, ZIP	MIDDLEBURG FL
TITLE	VD
NAME	MONROE, ANTHONY
STREET ADDRESS	2488 QUARTER HORSE TR
CITY, ST, ZIP	MIDDLEBURG FL
TITLE	STD
NAME	MONTGOMERY, JEANETTE
STREET ADDRESS	2415 QUARTER HORSE TR
CITY, ST, ZIP	MIDDLEBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD JAMES INGRAM
23 STREET ADDRESS	5306 RAZORBACK CT.
24 CITY, ST, ZIP	MIDDLEBURG, FL 32068
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Jeanette L. Montgomery* DATE: *April 11, 1995*  
904-282-4358