

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15805 (7)

1. Corporation Name

SETTLERS LANDING NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

13800 TOWN LOOP BLVD.
ORLANDO FL 32837

Mailing Address

C/O ARENA MANAGEMENT G.
3485 WEST VINE STREET
KISSIMMEE FL 34741
US

3. Date Incorporated or Qualified
07/09/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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30

4. FEI Number

59-2864046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYTON & MCCULLOH
220 N PALMETTO AVE
ORLANDO FL 32801

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sandra Mortham

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

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

2-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE
NAME **SCOTT, LARRY P.**
STREET ADDRESS **2244 STONEMILL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **PS** ☐ DELETE
NAME **SMITH, MICHAEL-NOLAN**
STREET ADDRESS **2225 STONEMILL DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VPD** ☒ DELETE
NAME **WILCOX, WADE E.**
STREET ADDRESS **2454 SETTLERS TR**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition
1.2 NAME **SCOTT, LARRY P.**
1.3 STREET ADDRESS **2244 STONEMILL DRIVE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32837**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **SMITH, MICHAEL-NOLAN**
2.3 STREET ADDRESS **2225 STONEMILL DRIVE**
2.4 CITY-ST-ZIP **ORLANDO, FL 32837**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **MORRISON, NOEL**
3.3 STREET ADDRESS **14608 TRADER'S PATH**
3.4 CITY-ST-ZIP **ORLANDO, FL 32837**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****\$1.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 **807-240-5213**
Daytime Phone #

CR2E037 (12/95)