FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N15805

(7)

SETTLERS LANDING NEIGHBORHOOD ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address				VIII DLARE BIBIT BIBIT GIRFF D	ABIT BIBIT IEB
13800 TOWN LOOP BLVD. ORLANDO FL \$2837		3485 WEST VINE STREE	C/O ARENA MANAGEMENT G. 3485 WEST VINE STREET KISSIMMEE FL 34741-4668		Date Incorporated or Qualified	3a. Date of Last Re	eport)
		US			07/09/1986	03/29/19	
	ace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Ap	plied For
21	4 -1-	26			59-2864046		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24		25 29 30 ame and Address of Current Registered Agent			Florida Statutes		
			81	Name			*****
CLAYTO	ON & MCCULLOH ,		82	Street Ac	ddress (P.O. Box Number is Not Acceptab	le)	<i></i>
220 N PALMETTO AVE				0,,00,,,,		·,	
ORLAND	OO FL 32801		83				
			84	City		FL 85 Zip 0	Code
11. Pursuant I	to the provisions of Sections 617.050	02 and 617.1508, Florida State	utes, the above	named c	orporation submits this statement for the p	urpose of changing its	s registered
 office or re 	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized by	the corpo	ration's board of directors. I hereby accep	t the appointment as	registered
SIGNATURE	Tara D. Aren	Λ	Jano	كلك	acera,	2-24-91	
	Signature, typed or printed name of registered ag	***************************************		l signature re	quired when reinstating)	DATE DIDECTOR	C 151 40
12.	OFFICERS AND DIRECTORS PSD		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME :	SCOTT, LARRY P	C. Petters	1.2 NAME	ł		the Charge	7.00((01)
STREET ADDRESS	2244 STONEMILL DRIVE		1,3 STREET A	ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837		1.4 CITY-ST				
TITLE	STD X DELETE		2.1 TITLE		STD		Addition
NAME	SMITH, MICHAEL-NOLAN		2.2 NAME	1:	Swatek, Tony		
STREET ADDRESS	2225 STONEMILL DR		2.3 STREET /	NODRESS :	14526 Musket Fire		
CITY - ST - ZIP	ORLANDO FL 32837		2. 4 CITY-ST		Orlando, FL 32837		
TITLE	VP0	☐ DELETE	3.1 TITLE	ļ	•	Change	Addition
NAME	MORRISON, NOEL		3.2 NAME	}			i
STREET ADDRESS	14608 TRADER'S PATH		3.3 STREET				
CITY-S1-ZIP	ORLANDO FL 32837	DELETE	3.4. CITY-ST	- ZIP		Change	Addition
TITLE			4.1 TITLE	Ì		FT1 custibe	Maniholi [
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	1	·		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST 5.1 TITLE	- ZIP		☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET	ADDRESS	·		
CITY-ST-ZIP			5.4 CITY-ST				
TITLE	DELETE		6.1 TITLE			Change	Addition
NAME			6.2 NAME			_	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST	- ZIP			
14. I do heret	by certify that the information supplied	ed with this filing does not qua	alify for the exer	notion sta	ated in Section 119.07(3)(i), Florida Statuter hat my signature shall have the same lega	s. I further certify that	the
l am an o	of maleated on this armual report of fficer or director of the corporation of a Plant, 12 if above	r the receiver or trustee emport	owered to execu	ute this re	nat my signature snall have the same lega port as required by Chapter 617, Florida S	tatutes; and that my r	iame