

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90030 028 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15805**

1. Corporation Name

**SETTLERS LANDING NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13800 TOWN LOOP BLVD.  
 ORLANDO FL 32837

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/09/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2864046	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		24 25 29 30	

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

*Tara Arena*

*Tara Arena*

1-22-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LARRY P	1.2 NAME	
STREET ADDRESS	2244 STONEMILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Mr. Kevin Large, S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWATEK, TONY	2.2 NAME	14513 Musket Fire Lanes
STREET ADDRESS	14526 MUSKET FIRE	2.3 STREET ADDRESS	Orlando, FL 32837
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Mr. Tony Swatek, VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, NOEL	3.2 NAME	14526 Musket Fire Lane
STREET ADDRESS	14608 TRADER'S PATH	3.3 STREET ADDRESS	Orlando, FL 32837
CITY-ST-ZIP	ORLANDO FL 32837	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Laura Luhtala, T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	2447 Settler's Trail
STREET ADDRESS		4.3 STREET ADDRESS	Orlando, FL 32837
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1-22-99

407-240-5213

Date

Daytime Phone #

CR2E037 (11/98)