

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 28 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N20826 (6)**  
1. Corporation Name  
**SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1890 S. 14TH STREET, SUITE #105** **1890 S. 14TH STREET, SUITE #105**  
**PO BOX 1408** **PO BOX 1408**  
**FERNANDINA BCH FL 32035-1408** **FERNANDINA BCH FL 32035-1408**

3. Date Incorporated or Qualified **05/26/1987** 3a. Date of Last Report **03/29/1994**

4. FEI Number **59-2823902** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **2215 E State Rd 200** 26 **P O Box 1408**

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

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State City & State  
23 **Yulee Florida** 28 **Fernandina Beach FL**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country  
24 **32097** 25 **US** 29 **32035-1408** 30 **US**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, TERRELL J.**  
**PROPERTY MANAGEMENT SYSTEMS INC**  
**1890 S. 14TH STREET, SUITE #105**  
**FERNANDINA BCH FL 32304**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2215 E State Rd 200**  
83  
84 City **Yulee** FL 85 Zip Code **32097**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **WHITT, BARBARA**  
STREET ADDRESS **8273 DOVER CLIFF CT.**  
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VPD**  
NAME **SULLIVAN, BARNEY**  
STREET ADDRESS **8068 CUMBERLAND GAP TRAIL**  
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **SD**  
NAME **MILLWARD, LINDA**  
STREET ADDRESS **7633 DOVER CLIFF DR.**  
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE  Change  Addition  
3.2 NAME **PALMER, STEPHANIE**  
3.3 STREET ADDRESS **8147 Teaticket Drive**  
3.4 CITY - ST - ZIP **Jacksonville FL 32257**

TITLE **D**  
NAME **PHIPPS, JAMES**  
STREET ADDRESS **8103 CUMBERLAND GAP TRAIL**  
CITY - ST - ZIP **JACKSONVILLE FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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 110.07(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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95

Date

(Type in 15 characters)