## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 20 1998 8:00am

ANNUAL REPORT  1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State
DOCUMENT # N20826 (6)				
SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.				
Principal Place	e of Business	Mailing Address		T TORKINGE BAG TIGHT GOLDE HÖLÜR (TOLG ELIK OLDAL ÖLÜLE ELEKT OLDAR ÖLÜH ELÜLL TORK Tarihar bag tight gold törük elik olda elik oldal eliki olda eliki olda eliki olda eliki olda eliki olda eliki
2215 ESTATE ROAD P.O. BOX 1987 SUITE 200 YULEE FL 32097-11		P.O. BOX 1987 YULEE FL 32097-1987		3. Date Incorporated or Qualified
YULEE FL 32097 US		US		05/26/1987 4. FEI Number Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-2823902 Not Applicable  5 Certificate of Status Desired Sectional
21 8641	Baypine Rd	26 8641 Bay Suite, Apt. #, etc.	pine Rd	Fee Required
22 Sute 1 27 Sute 1				6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
City & State  23 Jax 71.  28 Jax F			1.	7. Is this nonprofit corporation a homeowners association?  Yes  No
24 32as	Country	m35256	So Duval	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24,00	9. Name and Address of Current			10. Name and Address of New Registered Agent
POWELL, TERRELL J.    B1   Name Property SVCS, Inc.     B2   Street Address (P.O. Box Number is Not Acceptable)				
2215 E STATE RD 200				
YULEE F	·L 32097		84 City /	IRE Zin Codo
1 I Jay				JOX FL 39356
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 lamiliar with, and accept the objigations of, Section 617.0503, Florida Statutes.				
SIGNATURE		20 _ C	Tenniter  Registered Agent signature i	17844 <u>245/48</u>
12.	OFFICERS AND		13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PD Whitt, Barbara	DECEIE.	1.2 NAME	
STREET ADDRESS	8273 DOVER CLIFF CT.		1.3 STREET ADDRESS	Betrill
CITY-ST-ZIP TITLE	JACKSONVILLE FL VPD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, BARNEY		2.2 NAME	
STREET ADDRESS	8066 CUMBERLAND GAP TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	Z DELETE	2.4 CITY-ST-ZIP	Change Addition
TITLE NAME	SO Palmer, Stephanie	DECE IE	3.1 TITLE 3.2 NAME	CHAINGE MUDITION
STREET ADDRESS	8147 TEATICKET DRIVE		3.3 STREET ADDRESS	'
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	Change Addition
NAME CZOCCZ 4000CCC	PHIPPS, JAMES 8103 CUMBERLAND GAP TRA	1	4.2 NAME	James Range Change Addition
STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL	L	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE	er series and a series of the	☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME		Occele	6.2 NAME	C Sumilyo C Multinon
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. Thereby 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 repoiver 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 officer with an address.  SIGNATURE:				