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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20826

1. Corporation Name

SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8641 BAYPINE RD
 STE 1
 JAX FL 32256
 US

Mailing Address

8641 BAYPINE RD
 STE 1
 JAX FL 32256
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/26/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2823902	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
	25		30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PROPERTY SERVICES, IN 2245 E STATE RD 200 JAX FL 32256				81 Name	Property Services, Inc.		
				82 Street Address (P.O. Box Number is Not Acceptable)	8641 Baypine Rd., Suite 1		
				83	Suite 1		
				84 City	Jacksonville	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 *Jennifer L Presson* Jennifer L Presson 2/2/99
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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITT, BARBARA	1.2 NAME	Lichty, Sandie
STREET ADDRESS	8273 DOVER CLIFF CT.	1.3 STREET ADDRESS	8058 Cumberland Gap Trail
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BARNEY	2.2 NAME	Sullivan, Barney
STREET ADDRESS	8066 CUMBERLAND GAP TRAIL	2.3 STREET ADDRESS	8066 Cumberland Gap Trail
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, STEPHANIE	3.2 NAME	Hollis, Marvin
STREET ADDRESS	8147 TEATICKET DRIVE	3.3 STREET ADDRESS	8125 Cumberland Gap Trail
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIPPS, JAMES	4.2 NAME	Greenblott, Mitchell
STREET ADDRESS	8103 CUMBERLAND GAP TRAIL	4.3 STREET ADDRESS	8135 Cumberland Gap Trail N.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Wenino, Jerri L.
STREET ADDRESS		5.3 STREET ADDRESS	8034 Cumberland Gap Trail.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32244
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: *Sandie Lichty* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 2-2-99 (904) 798-8087
Date Daytime Phone #

CR2E037 (1/198)