

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90092 045 ****61.25

DOCUMENT # N20826

1. Entity 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 32256-7515 US
---	--

80028206



DO NOT WRITE IN THIS SPACE


2. Principal Place of Business 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779 Country US	3. Mailing Address 2180 W SR 434 Suite, Apt. #, etc. STE 5000 City & State LONGWOOD FL Zip 32779 Country US
--	--

4. FEI Number 59-2823902	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PROPERTY SERVICES, INC. 8641 BAYPINE RD SUITE 1 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent HART, JAMES W. JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779-5044
---	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE 2/9/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHTY, SANDIE 8058 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, BARNEY 8066 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLLIS, MARVIN 8125 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREENBLOTT, MITCHELL 8135 CUMBERLAND GAP TRAIL N JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENINO, JERRI L 8034 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHAMMAD, DARLENE 8725 TEATICKET DR JACKSONVILLE FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 2-17-00 (904) 778-2587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #