

2001 UNIFORM BUSINESS REPORT (UBR)

02-12-2001 90249 044 ****70.00

N20826

FILED

01 FEB 12 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20826

1. Entity Name

SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8058 CUMBERLAND GAP TRAIL
JACKSONVILLE FL 32244
US

8058 CUMBERLAND GAP TRAIL
JACKSONVILLE FL 32244
US

Alan Perry, C.A.M.

2. Principal Place of Business

3. Mailing Address

Professional Community Management

1732 KINGSLEY AVE



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202 / 1732 Kingsley Ave.

Suite 202

City & State

City & State

Orange Park FL

Orange Park, FL

4. FEI Number

59-2823902

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

USA

32073

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Alan Perry, C.A.M. President
1732 Kingsley Ave. Suite 202
Orange Park FL 32073*

Name *ALAN PERRY*

Street Address (P.O. Box Number is Not Acceptable)

1732 Kingsley Ave.

Suite 202

City

Orange Park

FL

Zip Code

32073

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

[Signature]

ALAN PERRY

[Signature]

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

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution

**\$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 LIGHTY, SANDIE 8058 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, BARNEY 8058 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244	<input type="checkbox"/> Delete
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	VPD GREENBLOTT, MITCHELL 8135 CUMBERLAND GAP TRAIL N JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WENINO, JERRI L 8034 CUMBERLAND GAP TRAIL JACKSONVILLE FL 32244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUHAMMAD, DARLENE 8725 TEATICKET DR 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Timothy Koskey 8045 Cumberland Gap Trail Jacksonville FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephanie Palmer 8147 Teaticket Drive Jacksonville FL 32244	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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:

[Signature] **JOE ESCOBAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00

(904) 718-2587

Date Daytime Phone

2/23