

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0000252

**DOCUMENT # N20826**

1. Entity Name

**SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.**

04-01-2002 90663 049 \*\*\*\*\*70.00

Principal Place of Business % ALAN PERRY C.A.M., PROF. COMM. MGMT. STE. 202, 1732 KINGSLEY AVENUE ORANGE PARK FL 32073 US	Mailing Address % ALAN PERRY C.A.M., PROF. COMM. MGMT. STE. 202, 1732 KINGSLEY AVENUE ORANGE PARK FL 32073 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2823902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PERRY, ALAN**  
**1732 KINGSLEY AVE, #202**  
**ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME PD LICHTY, SANDIE	<input type="checkbox"/> Delete
STREET ADDRESS 8058 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE NAME D SULLIVAN, BARNEY	<input type="checkbox"/> Delete
STREET ADDRESS 8066 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE NAME TD HOLLIS, MARVIN	<input type="checkbox"/> Delete
STREET ADDRESS 8125 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE NAME VPD KOSKEY, TIMOTHY	<input type="checkbox"/> Delete
STREET ADDRESS 8045 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE NAME SD PALMER, STEPHANIE	<input type="checkbox"/> Delete
STREET ADDRESS 8147 TEATICKET DRIVE	
CITY-ST-ZIP JACKSONVILLE FL 32244	
TITLE NAME D MUHAMMAD, DARLENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8725 TEATICKET DR	
CITY-ST-ZIP JACKSONVILLE FL 32244	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D MARK SPRING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8001 Cumberland Gap Trl.	
CITY-ST-ZIP Jacksonville, FL 32244	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/18/02**

Daytime Phone #

CR2E037 (9/01)