


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**


05-03-2005 90125 024 \*\*\*\*70.00

**DOCUMENT # N20826**  
 1. Entity Name  
**SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 % ALAN PERRY C.A.M., PROF. COMM. MGMT.  
 STE. 202, 1732 KINGSLEY AVENUE  
 ORANGE PARK, FL 32073 US      % ALAN PERRY C.A.M., PROF. COMM. MGMT.  
 STE. 202, 1732 KINGSLEY AVENUE  
 ORANGE PARK, FL 32073 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #  
 Professional Community Mgt. Inc.  
 786 Blanding Blvd. #118  
 Orange Park, FL 32065      Professional Community Mgt. Inc.  
 786 Blanding Blvd. #118  
 Orange Park, FL 32065



01212005    Chg-NP    CR2E037 (10/03)  
 4. FEI Number      Applied For  
**59-2823902**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 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 #)  
 Alan Perry  
 786 Blanding Blvd. #118  
 Orange Park, FL 32065  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **12/2/05**  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	SULLIVAN, BARNEY	
STREET ADDRESS	8066 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOLLIS, MARVIN	
STREET ADDRESS	8125 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELDS, SHARRON	
STREET ADDRESS	8148 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPRING, MARK	
STREET ADDRESS	8001 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **4/27/05**      Daytime Phone # **904-777-6763**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR