


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90005 042 ****70.00

DOCUMENT # N20826

1. Entity Name
SETTLER'S LANDING HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
PROFESSIONAL COMMUNITY MGT., INC.
786 BLANDING BLVD. # 118
ORANGE PARK, FL 32065 US

Mailing Address
PROFESSIONAL COMMUNITY MGT., INC.
786 BLANDING BLVD. # 118
ORANGE PARK, FL 32065 US

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2823902

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PERRY, ALAN
786 BLANDING BLVD # 118
ORANGE PARK, FL 32065

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

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	D	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christina Hewitt	
STREET ADDRESS	7829 Settlers Landing Trail	
CITY-ST-ZIP	Jacksonville, FL 32244	
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 exemptions contained in Chapter 119, 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: Mark Heller **3/16/06** 298-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #