


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

2/ **FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90007 012 \*\*\*\*70.00

<b>DOCUMENT # N20826</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2823902	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PERRY, ALAN 786 BLANDING BLVD # 118 ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	DV SHARRON FIELDS, SHARRON 8148 BOONESBOROUGH TRL 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	DP SPRING, MARK 8001 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 HEWITT, CHRISTINA 7829 SETTLERS LANDING TR JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carol Sluser 8127 Cumberland Gap Trl. N. Jacksonville FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Valarinos 8184 Ft Lee Trl. Jacksonville FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: <i>Sharon Fields</i>		Date: <i>3-11-08</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			

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01242008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2823902 Applied For Not Applicable

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		
PERRY, ALAN 786 BLANDING BLVD # 118 ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		

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Make check payable to Florida Department of State

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SIGNATURE: *Sharon Fields* Date: *3-11-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date