

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20826

FILED  
Apr 30, 2011  
Secretary of State

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

**Current Principal Place of Business:**

C/O RE/MAX SPECIALISTS  
1008 PARK AVE.  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

C/O THE CAM TEAM, LLC  
1008 PARK AVE.  
ORANGE PARK, FL 32073 US

**Current Mailing Address:**

C/O RE/MAX SPECIALISTS  
1008 PARK AVE.  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

C/O THE CAM TEAM, LLC  
1008 PARK AVE.  
ORANGE PARK, FL 32073 US

FEI Number: 59-2823902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE CAM TEAM, LLC  
1008 PARK AVE.  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRADBERRY, DANIEL  
Address: 8167 CUMBERLAND GAP TRIAL  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD  
Name: HOLLIS, MARVIN  
Address: 8125 CUMBERLAND GAP TRAIL  
City-St-Zip: JACKSONVILLE, FL 32244

Title: DV  
Name: FIELDS, SHARREN  
Address: 8148 BOONESBOROUGH TRL  
City-St-Zip: JACKSONVILLE, FL 32244

Title: DP  
Name: SPRING, MARK  
Address: 8001 CUMBERLAND GAP TRAIL  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D  
Name: SULLIVAN, BARNEY  
Address: 8066 CUMBERLAND GAP TRAIL  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S  
Name: BRECHT, SUSAN  
Address: 8249 DOVER CLIFF COURT  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARVIN HOLLIS

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date