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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42988** (8)
1. Corporation Name
SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1991	3a. Date of Last Report 03/31/1994
4. FEI Number 59-3067210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
C/O EDIE OUSLEY 3020 NORTH FULMER CIRCLE TALLAHASSEE FL 32303		C/O EDIE OUSLEY 3020 NORTH FULMER CIRCLE TALLAHASSEE FL 32303	
2. Principal Place of Business	2a. Mailing Address	21	26
410 Sim Dekle Suite, Apt. #, etc.	3162 S. Fulmer Circle Suite, Apt. #, etc.	3162 S. Fulmer Circle	3162 S. Fulmer Circle
22	27	Tallahassee	Tallahassee Florida
City & State	City & State	zip	Country
32303	Leon	32303	Leon

9. Name and Address of Current Registered Agent

GRUVER, MICHAEL L
1353 EAST LAFAYETTE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OUSLEY, EDIE L
STREET ADDRESS	3020 N. FULMER CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	VD
NAME	FILLYAU, GEORGE
STREET ADDRESS	3888 PINTA COURT
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	SD
NAME	EDWARDS, PAMELA B.
STREET ADDRESS	3023 N. FULMER CIRCLE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	TD
NAME	WADSWORTH, ALAN J
STREET ADDRESS	3855 MAGELLAN COURT
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	AVD
NAME	HAIN, PHILLIE M.
STREET ADDRESS	3800 MAYFLOWER CT
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIM DEKLE JR	
1.3 STREET ADDRESS	3162 S. FULMER CIRCLE	
1.4 CITY - ST - ZIP	TALLAHASSEE, FLORIDA 32303	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WANDA PATEE GARDEN	
2.3 STREET ADDRESS	341 MAGELLAN TRAIL	
2.4 CITY - ST - ZIP	TALLAHASSEE FLORIDA	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DAWN GREENE	
3.3 STREET ADDRESS	5039 MC COLE BLVD	
3.4 CITY - ST - ZIP	TALLAHASSEE, FLORIDA 32303	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JEFFERSON, ANTONIO	
4.3 STREET ADDRESS	3967 PINTA COURT	
4.4 CITY - ST - ZIP	TALLAHASSEE, FLORIDA 32303	
5.1 TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	OUSLEY, EDIE L	
5.3 STREET ADDRESS	3020 N. FULMER CIRCLE	
5.4 CITY - ST - ZIP	TALLAHASSEE, FLORIDA	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Antonio Jefferson Treasurer 3-23-95 404-562-3286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #