

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N42988 (8)

1. Corporation Name
SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O SIM DEKLE
3162 S. FULMAR CIRCLE
TALLAHASSEE FL 32303
US**

Mailing Address
**3162 S. FULMAR CIRCLE
TALLAHASSEE FL 32303
US**

3. Date Incorporated or Qualified **04/16/1991** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business
21 **3185 S. Fulmer Circle** 26 **3185 S. Fulmer Circle**

4. FEI Number **59-3067210** Applied For
Not Applicable

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

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

City & State 23 **Tallahassee, FL** 28 **Tallahassee FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **32303** 25 **LEON** 29 **32303** 30 **LEON**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUVER, MICHAEL L
1353 EAST LAFAYETTE STREET
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEKLE, SIM J	
STREET ADDRESS	3162 S. FULMAR CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GARVIN, WANDA PAZKER	
STREET ADDRESS	3941 MAGELLAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRIFFIN, DAWN	
STREET ADDRESS	3039 MCCORD BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JEFFERSON, ANTONIO	
STREET ADDRESS	3987 PINTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	OUSLEY, EDIEL	
STREET ADDRESS	3020 N. FULMER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. (PREVIOUS) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES BONELLO
1.3 STREET ADDRESS	3185 S FULMER CIR
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32203
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Debbi Mc LANAHAN
2.3 STREET ADDRESS	3137 S. FULMER CIRCLE
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NEWSLETTER EDITOR
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400001822304
4.3 STREET ADDRESS	-05/15/96--01048--041
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PP GEORGE FILLIYAN
5.3 STREET ADDRESS	3988 Pinta Ct.
5.4 CITY-ST-ZIP	Tallahassee, FL 32303
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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/5/96** DAYTIME PHONE: **562-7532**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

PP
3-1-96