

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 NOV 26 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 Mailing Address
3185 FULMER CIRCLE TALLAHASSEE FL 32303 US
3185 FULMER CIRCLE TALLAHASSEE FL 32303 US

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 04/16/1991
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 3988 PINTA CT
22 Suite, Apt. #, etc.
23 Tallahassee FL
24 32303
25 LEON
26 George Fillyau
27 3988 PINTA CT
28 Tallahassee, FL
29 32303
30 LEON

4. FEI Number 59-3067210
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BONELLO, JAMES	
STREET ADDRESS	3185 FULMER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCLANAHAN, DEBBI	
STREET ADDRESS	3137 S. FILMER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	NE	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFIN, DAWN	
STREET ADDRESS	3039 MCCORD BLVD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERSON, ANTONIO	
STREET ADDRESS	3967 PINTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	PP	<input type="checkbox"/> DELETE
NAME	FILLYAN, GEORGE	
STREET ADDRESS	3988 PINTA CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia Todd	
1.3 STREET ADDRESS	3876 Magellan Trail	
1.4 CITY-ST-ZIP	Tallahassee FL 32303	
2.1 TITLE	D VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCLANAHAN Debbi	
2.3 STREET ADDRESS	3137 S Filmer Cir.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
3.1 TITLE	D PD/TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FILLYAN George	
3.3 STREET ADDRESS	3988 PINTA CT	
3.4 CITY-ST-ZIP	Tallahassee, FL 32303	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Alan 11/26/97

Dep't 1-25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (4/97)