


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42988 (8)
 1. Corporation Name
SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3988 PINTA CT. TALLAHASSEE FL 32303 US	Mailing Address 3988 PINTA CT. TALLAHASSEE FL 32303 US
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3. Date Incorporated or Qualified 04/16/1991
4. FEI Number 59-3067210
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

FL

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

12. OFFICERS AND DIRECTORS

TITLE DS	NAME TODD, PATRICIA	<input type="checkbox"/> DELETE
STREET ADDRESS 3876 MAGELLAN TRAIL	CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE VPD	NAME MCLANAHAN, DEBBI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3137 S. FILMER CIRCLE	CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE DPTD	NAME FILLYAU, GEORGE	<input type="checkbox"/> DELETE
STREET ADDRESS 3988 PINTA COURT	CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Gauss, Stephen	
1.3 STREET ADDRESS 3154 S. Fulmer Cir	
1.4 CITY-ST-ZIP Tallahassee, Fl. 32303	
2.1 TITLE DPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Fillyau, George	
2.3 STREET ADDRESS 3988 Pinta Court	
2.4 CITY-ST-ZIP Tallahassee, Fl. 32303	
3.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Todd, Patricia	
3.3 STREET ADDRESS 3876 Magellan Trl.	
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 600002473058	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME -03/31/98--01022--020	
5.3 STREET ADDRESS ***61.25	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME PE	
6.3 STREET ADDRESS 330	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: Stephen Gauss **3/19/98** **850 562 8308**

CR2E037 (10/97)