


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

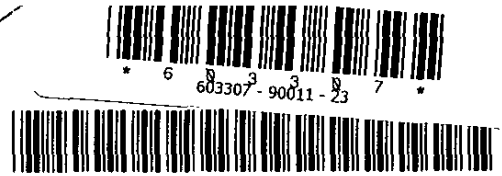
08-10-1999 90011 023 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42988**

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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2. Principal Place of Business 21 <b>3988 Pinta Court</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>3988 Pinta Court</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 04/16/1991	4. FEI Number 59-3067210 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 <b>Tallahassee, FL</b> City & State 24 <b>32303</b> 25 <b>Leon</b> Zip Country	28 <b>Tallahassee, FL</b> City & State 29 <b>32303-1703</b> 30 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

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
			<b>FL</b>	

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	DS	<input type="checkbox"/> DELETE
NAME	TODD, PATRICIA	
STREET ADDRESS	3876 MAGELLAN TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GAUSS, STEPHEN	
STREET ADDRESS	3154 S. FULMER CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	DPTD	<input type="checkbox"/> DELETE
NAME	FILLYAU, GEORGE	
STREET ADDRESS	3988 PINTA COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TODD, PATRICIA	
1.3 STREET ADDRESS	3876 MAGELLAN TRAIL	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303-1703	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAUSS, STEPHEN	
2.3 STREET ADDRESS	3154 S. FULMER CIRCLE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303-1703	
3.1 TITLE	DPTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FILLYAU, GEORGE	
3.3 STREET ADDRESS	3988 PINTA COURT	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303-1703	
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		

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, with all other like empowered.

SIGNATURE: George F. Fillyau 8-5-99 562-1606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000640  
CR2E037 (5/99)