2000 UNIFORM BUSINESS REPORT (UBR) 6/1 FILED Jul 11, 2000 8:00 am Secretary of State **DOCUMENT # N42988** SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC. 06-16-2000 90112 007 \*\*\*\*61.25 Principal Place of Business Mailing Address 3988 PINTA CT. 3988 PINTA CT. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303-1703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. .DO.NOT.WRITE.IN THIS SPACE .... \_Suite, Apt.,#,,etc...= Applied For City & State City & State 4. FEI Number 59-3067210 Not Applicable \$8.75 Additional Country Country Zip  $\Box$ 5. Certilicate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRUVER, MICHAEL L 1353 EAST LAFAYETTE STREET TALLAHASSEE FL 32301 Zip Code City Fì 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (66/6) ☐ Addition Channe TITLE TITLE Delete TOOD, PATRICIA NAME TODD, PATRICIA NAME CR2E037 76 Magellan TRAIL 3876 MAGELLAN TRAIL STREET ADORESS STREET ADORESS CITY-ST-ZIP AHA3500 FL 32303-1703 CITY-ST-ZIP TALLAHASSEE FL 32303-1703 [ Delete ☐ Change Addition TITLE **VPD** TITLE cindy BARINEAU NAME GAUSS, STEPHEN STREET ADDRESS 3154 S. FULMER CIRCLE STREET ADDRESS CITY-ST-ZIP FL 32303-1703 CITY-ST-71P TALLAHASSEE FL 32303-1703 ☐ Addition ☐ Change Delete TITLE OPTO TITLE FILLYAU, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 3988 PINTA COURT CITY-ST-ZIP CITY-ST-ZIP 32503-1703 TALLAHASSEE FL 32303-1703 Change Addition TITLE F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition nn F Delete NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

6-13-00 (562-1606)