

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2001 8:00 am
Secretary of State

05-17-2001 91296 044 ****61.25

DOCUMENT # N42988
 1. Entity Name
SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3988 PINTA CT. **3988 PINTA CT.**
TALLAHASSEE FL 32303 **TALLAHASSEE FL 32303**
US. **US.**

2. Principal Place of Business 3. Mailing Address
3178 South Fulmer Circle **3178 South Fulmer Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, Florida **Tallahassee, Florida**
 Zip Country Zip Country
32303 **USA** **32303** **USA**

4. FEI Number Applied For
59-3067210 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRUVER, MICHAEL L
1353 EAST LAFAYETTE STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TODD, PATRICIA 3876 MAGELLAN TRAIL TALLAHASSEE FL 32303-1703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTD FILLYAU, GEORGE 3988 PINTA COURT TALLAHASSEE FL 32303-1703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARINCAN, CINDY 3974 MAGELLAN TRAIL TALLAHASSEE FL 32303-1703 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P President Phil Carlson 3178 South Fulmer Circle Tallahassee, Florida 32303 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Vice President Wayne Glover 3178 S. Fulmer Circle Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Treasurer Tammy Brooks 3023 Mc Cord Blvd Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Secretary Hope Christal 3174 S. Fulmer Cr. Tall. FL 32303 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 like empowered.

SIGNATURE: BARINCAN CINDY **REINSTATEMENT REQUIRED** Date: **5-1-01** Daytime Phone #: **850-488-2076**

CRE037 (10/00)