

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90179 012 ****61.25

DOCUMENT # N42988

1. Entity Name

SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3178 SOUTH FILMOR CIRCLE
 TALLAHASSEE FL 32303
 US

3178 SOUTH FILMOR CIRCLE
 TALLAHASSEE FL 32303
 US

2. Principal Place of Business

3. Mailing Address

3170 S. Fulmor Cr
 Suite, Apt. #, etc.
 Tallahassee, FL
 City & State

P.O. Box 180355
 Suite, Apt. #, etc.
 Tallahassee, FL
 City & State

32303

City & State

Zip
 32303

Country
 US

Zip
 32318

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3067210**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUVER, MICHAEL L
 1353 EAST LAFAYETTE STREET
 TALLAHASSEE FL 32301

Name **Brookins, Tammy**
 Street Address (P.O. Box Number is Not Acceptable)

3023 MCCORD BLVD

City **Tallahassee, FL FL** Zip Code **32303**

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

Tammy Brookins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Sep 24, 02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLSON, PAUL 3178 SOUTH FILMOR CIRCLE TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLOVER, WAYNE 3170 S FULMOR CIRCLE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKINS, TAMMY 3023 THE CORAL BLVD TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRYSTAL, HOPE 3174 S FULMOR CIRCLE TALLAHASSEE FL 32303	<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	PD Glover, Wayne 3170 South Fulmor Cr. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glover, Lori Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pyle Kila 3173 South Fulmor Circle Tallahassee FL 32303	<input 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

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/24/02

Date

Daytime Phone #