


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90002 025 ****70.00

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



Principal Place of Business
3170 S FULMER CR
TALLAHASSEE, FL 32303 US

Mailing Address
PO BOX 180355
TALLAHASSEE, FL 32318 US

54059326



2. Principal Place of Business
3054 Laredo Drive

3. Mailing Address
same as above

Suite, Apt. #, etc.

City & State
Tallahassee, FL 32303

City & State

Zip
32303

Country
USA

06172004 Chg-NP CR2E037 (10/03)

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

BROOKINS, TAMMY
3023 MCCORD BLVD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
LeAnne Bailey Staalenburg

Street Address (P.O. Box Number is Not Acceptable)
3054 Laredo Drive

City
Tallahassee

State
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLOVER, WAYNE 3170 SOUTH FULMER CR. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLOVER, LORI 3170 S FULMOR CIRCLE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROOKINS, TAMMY 3023 MCCORD BLVD. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PYLE, KILA 3173 SOUTH FULMER 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LeAnne Bailey Staalenburg 3054 Laredo Drive Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Magalene Neel 3050 Laredo Drive, Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input 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	Secretary Brenda REid 3868 Magellan Trail Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input 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 *LeAnne Bailey Staalenburg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *6/28/04* Daytime Phone # *850-671-0308*