


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
3054 LAREDO DRIVE **PO BOX 180355**
TALLAHASSEE, FL 32303 US **TALLAHASSEE, FL 32318 US**

DO NOT WRITE IN THIS SPACE



08022006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-3067210 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STAALenburg, LEANNE BAILEY
3054 LAREDO DRIVE
TALLAHASSEE, FL 32303

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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: *Leanne Bailey Stalenburg* DATE: **8/1/06**

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 6, 2006

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

U00000573749
 08/07/06-80010-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STAALenburg, LEANNE BAILEY
STREET ADDRESS	3054 LAREDO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	NEEL, MAGALENE
STREET ADDRESS	3050 LAREDO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	T
NAME	KINGRY, JESSICA
STREET ADDRESS	3092 N FULMER
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	S
NAME	SOUTHERN, CANDACE
STREET ADDRESS	3852 MAGELLAN COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Stalenburg* DATE: **8/1/06** DAYTIME PHONE #: **850-562-7525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #