


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90034 050 \*\*\*\*70.00

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



Principal Place of Business  
 3054 LAREDO DRIVE  
 TALLAHASSEE, FL 32303 US

Mailing Address  
 PO BOX 180355  
 TALLAHASSEE, FL 32318 US

40126251



2. Principal Place of Business - No P.O. Box #  
**3019 McCord Blvd.**  
 Suite, Apt. #, etc.  
**Tallahassee, FL**  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

05082007 Chg-NP CR2E037 (12/06)

Zip **32303** Country **USA**

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  
**STAALBURG, LEANNE BAILEY**  
 3054 LAREDO DRIVE  
 TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent  
 Name **Ashley Bailey**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3019 McCord Blvd.**  
 City **Tallahassee** 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 *Ashley Bailey* DATE **7/16/07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by September 14, 2007**

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	<b>P</b> <b>STAALBURG, LEANNE BAILEY</b> <b>3054 LAREDO DRIVE</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NEEL, MAGALENE</b> <b>3050 LAREDO DRIVE</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KINGRY, JESSICA</b> <b>3092 N FULMER</b> <b>TALLAHASSEE, FL 32303</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SOUTHERN, CANDACE</b> <b>3852 MAGELLAN COURT</b> <b>TALLAHASSEE, FL 32303</b> <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	<b>Ashley Baile</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ashley Bailey</b> <b>3019 McCord Blvd.</b> <b>Tallahassee, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Bron Jones</b> <b>3015 McCord Blvd.</b> <b>Tallahassee, FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Candace Southern</b> <b>3852 Magellan Ct.</b> <b>Tallahassee, FL 32303</b>
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
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 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 *Candace Southern* DATE **7/16/07** DAYTIME PHONE # **850-487-7250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #