

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42988

FILED  
May 02, 2010  
Secretary of State

**Entity Name:** SETTLER'S CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3121 S FULMER CIR  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

3092 N FULMER CIR  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

PO BOX 180355  
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

**FEI Number:** 59-3067210      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HATCHER, GINA KEELING  
3121 S FULMER CIR  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

COPELAND, AUDREY  
3092 N FULMER CIR  
TALLAHASSEE, FL 32303 US

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: AUDREY COPELAND

05/02/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: COPELAND, AUDREY  
Address: 3092 N FULMER CIR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP  
Name: MURPHY, EMILIA  
Address: 3976 PINTA CT  
City-St-Zip: TALLAHASSEE, FL 32303

Title: S/TR  
Name: MCTAMNEY, BARBARA  
Address: 3057 N FULMER CIR  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY COPELAND

PRES

05/02/2010

Electronic Signature of Signing Officer or Director

Date