

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48661** (5)

1. Corporation Name

SETTLERS CREEK ADDITION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3990 GAFFNEY LOOP
TALLAHASSEE F 32303
US

3990 GAFFNEY LOOP
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3232441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUNSFORD, PATTI
3929 GAFFNEY LOOP
TALLAHASSEE FL 32303**

81 Name

Mary Ann Elliott

82 Street Address (P.O. Box Number is Not Acceptable)

3965 Gaffney Loop

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary Ann Elliott, Mary Ann Elliott, President*

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

(NOTE: Registered Agent signature required when reinstating)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUNSFORD, PATTI	
STREET ADDRESS	3929 GAFFNEY LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONTE, PHILIP	
STREET ADDRESS	3994 GAFFNEY LOOP	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, LISA	
STREET ADDRESS	3132 HOTCHKISS LN	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Ann Elliott	
1.3 STREET ADDRESS	3965 Gaffney Loop	
1.4 CITY-ST-ZIP	Tallahassee Fl. 32303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lois Sholtz	
3.3 STREET ADDRESS	3969 Gaffney Loop	
3.4 CITY-ST-ZIP	Tallahassee Fl. 32303	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ED VINTON.	
4.3 STREET ADDRESS	3140 Hotchkiss Lane	
4.4 CITY-ST-ZIP	Tallahassee Fl. 32303	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ann Elliott, Mary Ann Elliott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

DATE

562-2177

DAYTIME PHONE #

CR2E037 (12/95)