FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N48661 1. Corporation Name

SETTLERS CREEK ADDITION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3990 GAFFNEY LOOP TALLAHASSEE F 32303

Mailing Address

3990 GAFFNEY LOOP TALLAHASSEE FL 32303

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90087 010 ****61.25



2. Principal Pl	ace of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		'
1	26				05/01/1992		
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				4- FEI Number		plied For
2	27				59-3232441		Applicable
City & State City & State					5. Certificate of Status Desired	\$8.75 A	
3 28						Fee Re	quired
Zip				6. Election Campaign Financing \$5.00 May B		•	
4	25 29 30			Trust Fund Contribution Added to Fees			o Fees
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Regis	stered Agent	
				Name			
ELLIOTT, MARY ANN				82 Street Address (P.O. Box Number is Not Acceptable)			
3965 GAFFNEY LOOP							
TALLAHASSEE FL 32303				-			
INLEST PROOFE 1 E OEGOO				0.5		85 Zip C	oho.
				City		FL 85 Zip C	,00 0
11. Descript to the equisions of Sections 617 0502 and 617 1508. Elorida Statutes, the above-named comporation 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. 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ELLIOTT, MARY ANN		1.2 NAME				
STREET ADDRESS	3965 GAFFNEY LOOP		13 STREE	T ADDRESS			
	TALLAHASSEE FL 32303		1.4 CITY-S	1			
CITY-ST-ZIP TITLE			2.1 TITLE	, <u>Li</u>		☐ Change	Addition
NAME			2.2 NAME				
				T ADDRESS	1		
STREET ADDRESS			2.4 CTY-1		•		
CITY-ST-ZIP	SD SD	☐ DELETE	3.1 TITLE	51-2IP		☐ Change	Addition
TITLE		- OCCUPIE					_
NAME	31.32.12, 23.3		3.2 NAME				
STREET ADDRESS	3969 GAFFNEY LOOP			TADORESS			
CITY+ST-ZIP	TALLAHASSEE FL 32303		3.4. CITY-5	ST-ZIP		Change	Addition
TITLE	VD DELETE		4.1 TITLE			□ Ortalige	
NAME	VINTON, ED		4. 2 NAME				
STREET ADDRESS	3140 HOTCHKISS LANE			TADORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32303	F4	4.4 CITY-S	T-ZIP		□ Channe	C) Addition
TITLE		DELETE	5.1 TITLE			Change	Addition (
NAME			5.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		<u> </u>	5.4 CITY+S	T-ZIP		,	
TITLE	_ 5000.0		6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			
CITY-\$T-ZIP			6.4 CITY-S	T-ZIP			
44				14-41 ! 0	antine 440 07/3\/i) Elevide Statutes I first	to a security of the state of t	-farmation

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 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, with all other like empowered.

SIGNATURE: 1/