

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 028 ****61.25

DOCUMENT # *NY8661*
1. Entity Name
*Settlers Creek Addition Homeowners
Association, Inc.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3990 Gaffney Lp.
Suite, Apt. #, etc.

3. Mailing Address
3990 Gaffney Lp.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tall. Fl.

City & State
Tall. Fl.

4. FEI Number
59-3232441
Applied For
Not Applicable

Zip
32303

Country
USA

Zip
32303

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mary Ann Elliott
Street Address (P.O. Box Number is Not Acceptable)
3965 Gaffney Lp.
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.

SIGNATURE *Mary Ann Elliott* *Mary Ann Elliott - Pres.*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. Mary Ann Elliott 3965 Gaffney Lp. Tall. Fl. 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V.P. EO Vinton 3140 Hotchkiss Ln. Tall. Fl. 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T- Marcus Barley 3983 Gaffney Lp. Tall. Fl. 32303</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S. Lois Sholtz 3969 Gaffney Lp. Tall. Fl. 32303</i>
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IN THIS SPACE**

CR2E034B (12/01)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ann Elliott* *Mary Ann Elliott* *4-19-02* *562-2177*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #