
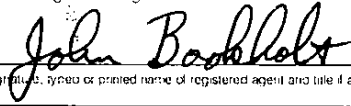


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90023 012 \*\*\*\*61.25

<b>DOCUMENT # N48661</b>					
1. Entity Name <b>SETTLERS CREEK ADDITION HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3990 GAFFNEY LOOP TALLAHASSEE F 32303 US</b>			Mailing Address <b>3990 GAFFNEY LOOP TALLAHASSEE FL 32303</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3232441</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ELLIOTT, MARY ANN 3965 GAFFNEY LOOP TALLAHASSEE FL 32303</b>			7. Name and Address of New Registered Agent		
			Name <b>John Bookholt</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>3102 Hotchkiss Ln.</b>		
			City <b>Tallahassee</b>	FL	Zip Code <b>32303</b>
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 		<b>JOHN BOOKHOLT</b>		DATE <b>2/13/07</b>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, MARY ANN		NAME	John Bookholt	
STREET ADDRESS	3965 GAFFNEY LOOP		STREET ADDRESS	3102 Hotchkiss Ln.	
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP	Tallahassee Fl. 32303	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLTZ, LOIS		NAME	Barbara Bookholt	
STREET ADDRESS	3963 GAFFNEY LP		STREET ADDRESS	3102 Hotchkiss Ln.	
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP	Tallahassee Fl. 32303	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOLTZ, LOIS		NAME	Barbara Bookholt	
STREET ADDRESS	3965 GAFFNEY LOOP		STREET ADDRESS	3102 Hotchkiss Ln.	
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP	Tallahassee, Fl. 32303	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKHOLT, JOHN		NAME	Sharon Hoiland	
STREET ADDRESS	3102 HOTCHKISS LANE		STREET ADDRESS	3104 Hotchkiss Ln.	
CITY- ST- ZIP	TALLAHASSEE FL 32303		CITY- ST- ZIP	Tallahassee Fl. 32303	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JOHN BOOKHOLT** / 13/07