

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2009
Secretary of State**

DOCUMENT# N48661

Entity Name: SETTLERS CREEK ADDITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3990 GAFFNEY LOOP
TALLAHASSEE, F 32303 US

New Principal Place of Business:

Current Mailing Address:

3990 GAFFNEY LOOP
TALLAHASSEE, FL 32303

New Mailing Address:

3990 GAFFNEY LOOP
TALLAHASSEE, F 32303 US

FEI Number: 59-3232441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOOKHOLT, JOHN
3102 HOTCHKISS LN
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOKHOLT, JOHN
Address: 3102 HOTCHKISS LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: BOOKHOLT, BARBARA
Address: 3102 HOTCHKISS LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: BOOKHOLT, BARBARA
Address: 3165 HOTCHKISS LN
City-St-Zip: TALLAHASSEE, FL 32303

Title: VD () Delete
Name: HOAGLAND, SHARON
Address: 3104 HOTCHKISS LN
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARBARA BOOKHOLT

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date