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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003961

1. Corporation Name
SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
 6028 CHESTER AVE
 SUITE 202
 JACKSONVILLE FL 32217
 US

Mailing Address
 P.O BOX 57911
 JACKSONVILLE FL 32241
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3225327	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICHTER, TODD 3548 BARREL SPRINGS DR ORANGE PARK FL 32073				81	Name Patric R. Penn		
				82	Street Address (P.O. Box Number is Not Acceptable) 6028 Chester Ave.		
				83	# 202		
				84	City Jacksonville	85	Zip Code FL 32217

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 operations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Todd Richter* **Patric R. Penn/Manager** DATE: **4/20/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RICHTER, TODD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, TODD	1.2 NAME	
STREET ADDRESS	3548 BARREL SPRINGS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	STD CRAIG, MARK	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, MARK	2.2 NAME	Max Nevarez
STREET ADDRESS	3520 BARREL SPRINGS DR	2.3 STREET ADDRESS	477 Federal Hill Rd.
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	D MATTINGLY, LORRES	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTINGLY, LORRES	3.2 NAME	Audie Boggs
STREET ADDRESS	463 FEDERAL HILL RD	3.3 STREET ADDRESS	3648 Double Branch Ln.
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	D OVERBY, JESSE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERBY, JESSE	4.2 NAME	Sharon Arroyo
STREET ADDRESS	3590 OLD SAWMILL CT	4.3 STREET ADDRESS	3676 Double Branch Ln.
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	Orange Park, Fl 32073
TITLE	D DELBADO, JOE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELBADO, JOE	5.2 NAME	
STREET ADDRESS	3415 BRISTOL BRIDGE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	
TITLE	D HINDS, EUON	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDS, EUON	6.2 NAME	
STREET ADDRESS	3213 FOX SQUIRREL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	6.4 CITY-ST-ZIP	

14. 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: *Todd Richter* **Todd Richter** DATE: **APR 20, 1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)