

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90085 045 ****61.25

DOCUMENT # N93000003961

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3225327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENN, PATRIC R
6028 CHESTER AVE
#202
JAX FL 32217

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME RICHTER, TODD ☐ Delete
STREET ADDRESS 3548 BARREL SPRINGS DR
CITY-ST-ZIP ORANGE PARK FL

TITLE D
NAME DUVALL, THOMAS ☐ Change ☒ Addition
STREET ADDRESS 350 WILLOW GREEN DR.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D
NAME WILLIAM, DAVIS ☐ Delete
STREET ADDRESS 3404 BRISTOL BRIDGE RD
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D
NAME EDWARDS, TIM ☐ Change ☒ Addition
STREET ADDRESS 3249 FOX SQUIRREL DR.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE STD
NAME ARROYO, SHARON ☐ Delete
STREET ADDRESS 3676 DOUBLE BRANCH LN
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D
NAME GRAHAM, DAWN ☐ Change ☒ Addition
STREET ADDRESS 408 FEDERAL HILL RD.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D
NAME MORGENSTERN, HOWARD ☐ Delete
STREET ADDRESS 3256 FOX SQUIRREL DR
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GREEN, BILL ☐ Delete
STREET ADDRESS 326 WILDBERRY CT
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: *Todd A. Richter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD RICHTER

4/24/04

Date

904-260-9183

Daytime Phone #