## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003961

FILED Apr 13, 2006 Secretary of State

Entity Name: SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
ONE SAN JOSE PLACE		ONE SAN JOSE PLACE	
14E JACKSONVILLE, FL 32257 US		34 JACKSONVILLE, FL 32257 US	
Current Mailing Address:		New Mailing Address:	
P O BOX 57911 JACKSONVILLE, FL 32241	US		
FEI Number: 59-3225327	FEI Number Applied For ( ) FEI Nur	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Cur	rent Registered Agent:	Name and Addres	ss of New Registered Agent:
CARR, LAUREN ONE SAN JOSE PLACE JACKSONVILLE, FL 32257 US		CARR, LAUREN ONE SAN JOSE PLACE 34 JACKSONVILLE, FL 32257 US	
Γhe above named entity sub n the State of Florida.	omits this statement for the purpose o	of changing its regist	ered office or registered agent, or both,
SIGNATURE: LAUREN CARR			04/13/2006
Electronic	Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: PD () De Name: RICHTER, TODD Address: 3548 BARREL SPF City-St-Zip: ORANGE PARK, FI	RINGS DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: D () De Name: WILLIAM, DAVIS Address: 3404 BRISTOL BR City-St-Zip: ORANGE PARK, FI	IDGE RD	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Fitle: STD () De Name: ARROYO, SHARON Address: 3676 DOUBLE BRA City-St-Zip: ORANGE PARK, FL	N ANCH LN	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Fitle: D () De Name: MORGENSTERN, H Address: 3256 FOX SQUIRR City-St-Zip: ORANGE PARK, FI	HOWARD REL DR	Title: Name: Address: City-St-Zip:	() Change () Addition
Fitle: D () De Name: GREEN, BILL Address: 326 WILDBERRY C City-St-Zip: ORANGE PARK, FI	СТ	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Fitle: D () De Name: DURALL, THOMAS Address: 350 WILLOW GRE City-St-Zip: ORANGE PARK, FI	: EN DRIVE	Address: 350 WIL	(X) Change ()Addition -, THOMAS LLOW GREEN DRIVE E PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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: LAUREN CARR MGR 04/13/2006