

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003961

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE SAN JOSE PLACE  
27  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 57911  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 59-3225327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARR, LAUREN  
ONE SAN JOSE PLACE  
27  
JACKSONVILLE, FL 32257 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: RICHTER, TODD  
Address: 3548 BARREL SPRINGS DR  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: WILLIAM, DAVIS  
Address: 3404 BRISTOL BRIDGE RD  
City-St-Zip: ORANGE PARK, FL 32073

Title: STD ( ) Delete  
Name: ARROYO, SHARON  
Address: 3676 DOUBLE BRANCH LN  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: KAY, SIBERT  
Address: 3644 DOUBLE BRANCH LANE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: GREEN, BILL  
Address: 326 WILDBERRY CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: DUVALL, THOMAS  
Address: 350 WILLOW GREEN DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: MCGURN, KENNETH  
Address: 3276 FOX SQUIRREL  
City-St-Zip: ORANGE PARK, FL 32073

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: LAUREN CARR

MGR

01/26/2009

Electronic Signature of Signing Officer or Director

Date