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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000179 (9)

1. Corporation Name
THE ARTHAUS AT SPRUCE CREEK FOUNDATION, INC.

Principal Place of Business	Mailing Address
801 TAYLOR ROAD PORT ORANGE FL 32127	801 TAYLOR ROAD PORT ORANGE FL 32127-4715

3. Date Incorporated or Qualified: 01/08/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 290232
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Port Orange FL
Zip 24 / Country 25	Zip 29 32129 / Country 30 USA

4. FEI Number: 59-3361144 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUDWIG, TIMOTHY 801 TAYLOR ROAD PORT ORANGE FL 32127	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, TIMOTHY		1.2 NAME		
STREET ADDRESS	2462 TOMOKA FARMS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RECKSON, PAULA L		2.2 NAME		
STREET ADDRESS	1780 DOOLITTLE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COBEAN, TERI F		3.2 NAME		
STREET ADDRESS	1022 CLUBHOUSE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RING, LAURIE G		4.2 NAME		
STREET ADDRESS	1810 JAMES STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: [signature] 4/6/97

CR2E037 (9/96)