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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000179					
1. Corporation Name THE ARTHAUS AT SPRUCE CREEK FOUNDATION, INC.					
Principal Place of Business 1000 CITY CENTER CIR PORT ORANGE FL 32119 US			Mailing Address P.O BOX 290232 PORT ORANGE FL 32129 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 01/03/1996 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	
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9. Name and Address of Current Registered Agent LUDWIG, TIMOTHY 801 TAYLOR ROAD PORT ORANGE FL 32127				10. Name and Address of New Registered Agent 81 Name JANE JENNINGS 82 Street Address (P.O., Box Number is Not Acceptable) 6206 SHORE LINE DR 83 84 City PORT ORANGE FL 85 Zip Code 32127			
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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 *Jane Jennings* *Jane Jennings, President* DATE 4/22/99

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	☒ DELETE		1.1 TITLE	PD	☐ Change	☒ Addition
NAME	LUDWIG, TIMOTHY			1.2 NAME	JANE JENNINGS		
STREET ADDRESS	2462 TOMOKA FARMS ROAD			1.3 STREET ADDRESS	6206 SHORE LINE DR		
CITY-ST-ZIP	DAYTONA BEACH FL 32124			1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127		
TITLE	VD	☒ DELETE		2.1 TITLE	SD	☐ Change	☒ Addition
NAME	RECKSON, PAULA L			2.2 NAME	DANIEL CREE		
STREET ADDRESS	1780 DOOLITTLE CIRCLE			2.3 STREET ADDRESS	1329 BURNBURN ROAD		
CITY-ST-ZIP	DAYTONA BEACH FL 32124			2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32114		
TITLE	SD	☐ DELETE		3.1 TITLE	VD	☒ Change	☐ Addition
NAME	RING, LAURIE G			3.2 NAME	RING, LAURIE G		
STREET ADDRESS	1810 JAMES STREET			3.3 STREET ADDRESS	1810 JAMES STREET		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119			3.4 CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		
TITLE	TD	☒ DELETE		4.1 TITLE	TD	☐ Change	☒ Addition
NAME	MCCORT, LIDIA			4.2 NAME	PETE ATWOOD		
STREET ADDRESS	1904 POPPY LANE			4.3 STREET ADDRESS	807 WOODPORT DRIVE		
CITY-ST-ZIP	DAYTONA BCH FL 32124			4.4 CITY-ST-ZIP	PORT ORANGE, FL 32127		
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 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: *Jane Jennings* *Jane Jennings, President* 4/22/99

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

CR2E037 (11/98)