

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000321

Entity Name: SETTLERS CREEK OF CENTRAL FLORIDA HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 29, 2020
Secretary of State
9684506078CC**Current Principal Place of Business:**4700 MILLENIA BLVD SUITE 515
SUITE 1
ORLANDO, FL 32839**Current Mailing Address:**4700 MILLENIA BLVD SUITE 515
ORLANDO, FL 32839 US**FEI Number: 33-0416359****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS INC.
4700 MILLENIA BLVD SUITE 515
SUITE 1
ORLANDO, FL 32839 US*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: GABRIELA JAKOBSEN****04/29/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	JACKSON, GREG
Address	4700 MILLENIA BLVD SUITE 515 SUITE 1
City-State-Zip:	ORLANDO FL 32839

Title	DVP
Name	SPEIRS, DOUG
Address	4700 MILLENIA BLVD SUITE 515 SUITE 1
City-State-Zip:	ORLANDO FL 32839

Title	DS
Name	MUNZNER, KIM
Address	4700 MILLENIA BLVD SUITE 515 SUITE 1
City-State-Zip:	ORLANDO FL 32839

Title	DT
Name	JACKSON, TONYA
Address	4700 MILLENIA BLVD SUITE 515 SUITE 1
City-State-Zip:	ORLANDO FL 32839

Title	D
Name	PRUETT, GEORGE
Address	4700 MILLENIA BLVD SUITE 515 SUITE 1
City-State-Zip:	ORLANDO FL 32839

I hereby 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 all other like empowered.

SIGNATURE: KIM MUNZNER**DIRECTOR****04/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date