| 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: | RENEE BALDERSON | | | 10/30/2015 | |
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title I | PD | Title | DST | | |
| Name I | RICHTER, TODD | Name | KAY, SIBERT | | |
| Address 3 | 3548 BARREL SPRINGS DR | Address | 3644 DOUBLE BRANCH LANE | | |
| City-State-Zip: | ORANGE PARK FL 32073 | City-State-Zip: | ORANGE PARK FL 32073 | | |
| Title | D | Title | DVP | | |
| Name (| GOODMAN, LORETTA | Name | DUVALL, THOMAS | | |
| Address | 3552 BARREL SPRINGS DRIVE | Address | 350 WILLOW GREEN DRIVE | | |
| City-State-Zip: | ORANGE PARK FL 32073 | City-State-Zip: | ORANGE PARK FL 32073 | | |
| Title | D | Title | D | | |
| Name | WILSON, RONALD | Name | ALQUIST, DENISE | | |
| Address | 3119 FOX SQUIRREL DR | Address | 3138 FOX SQUIRREL DR | | |
| City-State-Zip: | ORANGE PARL FL 32073 | City-State-Zip: | ORANGE PARK FL 32073 | | |
| Title | D | | | | |
| Name I | DEVOSE, IRIS | | | | |
| Address | 3115 FOX SQUIRREL DR | | | | |
| City-State-Zip: | ORANGE PARK FL 32073 | | | | |

Name and Address of Current Registered Agent:

BALDERSON, RENEE 8030 RAILROAD RD BRYCEVILLE, FL 32009 US

Current Mailing Address:

P O BOX 1958

FEI Number: 59-3225327

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

DOCUMENT# N9300003961

Entity Name: SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8030 RAILROAD RD BRYCEVILLE, FL 32009

CALLAHAN, FL 32011 US

| 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: TODD RICHTER

PRESIDENT

10/30/2015

Electronic Signature of Signing Officer/Director Detail

FILED Oct 30, 2015 Secretary of State CC4276439466

Certificate of Status Desired: No

Date