

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003961

Entity Name: SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257**Current Mailing Address:**P O BOX 57911
JACKSONVILLE, FL 32241 US**FEI Number: 59-3225327****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARR, LAUREN
ONE SAN JOSE PLACE
27
JACKSONVILLE, FL 32257 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	RICHTER, TODD
Address	3548 BARREL SPRINGS DR
City-State-Zip:	ORANGE PARK FL 32073

Title	DST
Name	KAY, SIBERT
Address	3644 DOUBLE BRANCH LANE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	GOODMAN, LORETTA
Address	3552 BARREL SPRINGS DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	DVP
Name	DUVALL, THOMAS
Address	350 WILLOW GREEN DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	WILSON, RONALD
Address	3119 FOX SQUIRREL DR
City-State-Zip:	ORANGE PARL FL 32073

Title	D
Name	ALQUIST, DENISE
Address	3138 FOX SQUIRREL DR
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	DEVOSE, IRIS
Address	3115 FOX SQUIRREL DR
City-State-Zip:	ORANGE PARK FL 32073

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****04/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date