

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003961

**Entity Name:** SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 24, 2023**  
**Secretary of State**  
**8918649262CC**

**Current Principal Place of Business:**

6196 LAKE GRAY BLVD  
SUITE 103  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

6196 LAKE GRAY BLVD  
SUITE 103  
JACKSONVILLE, FL 32244 US

**FEI Number: 59-3225327**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DUVAL REALTY INC.  
6196 LAKE GRAY BLVD  
SUITE 103  
JACKSONVILLE, FL 32244 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           TREASURER  
Name           SIBERT, KAY  
Address        6196 LAKE GRAY BLVD  
                  SUITE 103  
City-State-Zip: JACKSONVILLE FL 32244

Title           SECRETARY  
Name           GOODMAN, LORETTA  
Address        6196 LAKE GRAY BLVD  
                  SUITE 103  
City-State-Zip: JACKSONVILLE FL 32244

Title           VP  
Name           MITCHELL, KENISHA  
Address        6196 LAKE GRAY BLVD  
                  SUITE 103  
City-State-Zip: JACKSONVILLE FL 32244

Title           PRESIDENT  
Name           WASHINGTON, VALERIE  
Address        6196 LAKE GRAY BLVD  
                  SUITE 103  
City-State-Zip: JACKSONVILLE FL 32244

Title           BOARD MEMBER  
Name           DUVALL, THOMAS  
Address        6196 LAKE GRAY BLVD  
                  SUITE 103  
City-State-Zip: JACKSONVILLE FL 32244

*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: VALERIE WASHINGTON**

**PRESIDENT**

**03/24/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date