

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01981

1. Entity Name

SETTLER'S SPRINGS HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90023 046 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 38293
TALLAHASSEE FL 32315

P.O. BOX 38293
TALLAHASSEE FL 32315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3655641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCREWS, BRUCE
2731 TETON TRAIL
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCREWS, BRUCE
STREET ADDRESS 2731 TETON TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME COOPER, TERRY
STREET ADDRESS 2891 TETON TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME PAUL, LIVETRA
STREET ADDRESS 2998 SETTLERS BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE STD
NAME Wathen, Tammi B.
STREET ADDRESS 2978 N. Settlers Blvd.
CITY-ST-ZIP Tallahassee FL 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VPD
NAME Hall, Douglas L.
STREET ADDRESS 2916 Teton Trl.
CITY-ST-ZIP Tallahassee FL 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME Smith, Michael K.
STREET ADDRESS 2905 N. Settlers Blvd.
CITY-ST-ZIP Tallahassee FL 32303 ☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Screws*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

8505766847

Date

Daytime Phone #

CR2E037 (9/01)