

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006990

FILED
May 28, 2008
Secretary of State

Entity Name: SPRUCE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3789620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LARKINS, BARRY
1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LARKINS, BARRY
Address: 1 MYSTIC LAKE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD () Delete
Name: LARKINS, GRACE
Address: 1 MYSTIC LAKE WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: DV (X) Delete
Name: CIAMMETTI, TONY
Address: PO BOX 9297
City-St-Zip: DAYTONA BEACH, FL 32120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARRY LARKINS

DP

05/28/2008

Electronic Signature of Signing Officer or Director

Date