

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006990

FILED
Apr 30, 2009
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:

836 ANGELINA COURT
PORT ORANGE, FL 32127

Current Mailing Address:

1 MYSTIC LAKE WAY
ORMOND BEACH, FL 32174

New Mailing Address:

836 ANGELINA COURT
PORT ORANGE, FL 32127

FEI Number: 59-3789620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RIGGIO, ROBERT J ESQ.
400 SOUTH PALMETTO AVENUE
DAYTONA BEACH, FL 32114 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: ROBERT J. RIGGIO, ESQ.

04/30/2009

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLS, YORK
Address: 836 ANGELINA COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: V (X) Change () Addition
Name: LYLE, SHANE
Address: 814 ANGELINA COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: ST () Change (X) Addition
Name: POWELL, JENNIFER
Address: 811 ANGELINA COURT
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Change (X) Addition
Name: THIEL, RICHARD
Address: 6207 OAK RIVER TERRACE
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Change (X) Addition
Name: STRAIN, RON
Address: 3258 ACOMA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Change (X) Addition
Name: KEENAN, JOHN
Address: 825 ANGELINA COURT
City-St-Zip: PORT ORANGE, FL 32127

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: YORK MILLS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date