

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007 8:00 am
Secretary of State

06-08-2007 90001 044 ****70.00

DOCUMENT # N06000001148					
1. Entity Name SPRUCE CREEK CENTRAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 OAK ST PT ORANGE, FL 32127			Mailing Address 600 OAK ST PT ORANGE, FL 32127		
2. Principal Place of Business - No P.O. Box # 4184 DAIRY CT		3. Mailing Address 4184 DAIRY CT			
Suite, Apt. #, etc. UNIT C		Suite, Apt. #, etc. UNIT C			
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL			
Zip 32127		Country US		4. FEI Number 20-4770963	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIMONETTA, RUSSELL 600 OAK ST PT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name: <u>JOEL HUNTER</u> Street Address (P.O. Box Number is Not Acceptable): <u>4781 S PENINSULA DR</u> City: <u>PONCE INLET</u> FL <u>32127</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> <u>PRESIDENT</u> DATE: <u>6-4-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMONETTA, RUSSELL 600 OAK ST PT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOEL HUNTER 4781 S PENINSULA DR PONCE INLET, FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>PRESIDENT</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RISPOLI, WILLIAMS O 600 OAK ST PT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH HIBBS 734 OLD SUGAR MILL RD PORT ORANGE, FL 32129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>SECRETARY / TREASURER</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK PIERES 2032 SCHULTZS AV DAYTONA BEACH, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>DIRECTOR</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>[Signature]</u> <u>JOEL HUNTER</u> <u>6-4-07</u> <u>386-295-5923</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					