

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # N13227

**1. Entity Name
SPRUCE POINT, INC.**



**Principal Place of Business
834 FIRST STREET
PORT ORANGE, FL 32129**

**Mailing Address
P.O BOX 1205
PORT ORANGE, FL 32129-1205**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-2675140**

**Applied For
Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SELWITZ, BARBARA J
834 FIRST STREET
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME WEIGANDN, RALPH
STREET ADDRESS 1865 SILVER FERN DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32128**

**TITLE DVP
NAME TOMZAK, MICHAEL
STREET ADDRESS 104 SILVER FERN COURT
CITY-ST-ZIP PORT ORANGE, FL 32128**

**TITLE DST
NAME BUSSE-GRANDT, ANNE
STREET ADDRESS 1897 SPRUCE CREEK BOULEVARD
CITY-ST-ZIP PORT ORANGE, FL 32128**

**TITLE ASSE
NAME SELWITZ, BARBARA J
STREET ADDRESS 834 FIRST STREET
CITY-ST-ZIP PORT ORANGE, FL 32129**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

000000395833
01/27/06-80008-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Weigand Pres.

1-14-06

Date

386-756-7700

Daytime Phone #