


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90030 028 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 5466 Crane Feather Drive		3. Mailing Address Suite, Apt. #, etc. Port Orange, FL 32128			
Suite, Apt. #, etc. Port Orange, FL 32128		Suite, Apt. #, etc. Port Orange, FL 32128			
City & State Port Orange, FL 32128		City & State Port Orange, FL 32128			
Zip 32128		Country US		Zip 32128	
Country US		Country US			
4. FEI Number 59-2675140			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name 5466 Crane Feather Drive Street Address (P.O. Box Number is Not Acceptable) City Port Orange FL Zip Code 32128		
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><i>Barbara J. Selwitz</i></u> 01/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP WIEGAND, RALPH S 1865 SILVER FERN DRIVE PORT ORANGE, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TOMZAK, MICHAEL 104 SILVER FERN COURT PORT ORANGE, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BUSSE-GRANDT, ANNE 1897 SPRUCE CREEK BOULEVARD PORT ORANGE, FL 32128	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSE SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5466 Crane Feather Drive Port Orange, FL 32128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	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><i>Barbara J. Selwitz</i></u> (386) 756-7700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Barbara J. Selwitz 01/29/08 <small>Date Daytime Phone #</small>					