2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N13227

Entity Name: SPRUCE POINT, INC.

Current Principal Place of Business:

5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

P.O BOX 1205
PORT ORANGE, FL 321291205

New Mailing Address:

P.O BOX 1205
PORT ORANGE, FL 32129 US

FEI Number: 59-2675140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELWITZ, BARBARA J
5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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: WIEGAND, RALPH S
Address: 1865 SILVER FERN DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP ( ) Delete
Name: TOMZAK, MICHAEL
Address: 104 SILVER FERN COURT
City-St-Zip: PORT ORANGE, FL 32128

Title: DST ( ) Delete
Name: BUSSE-GRANDT, ANNE
Address: 1897 SPRUCE CREEK BOULEVARD
City-St-Zip: PORT ORANGE, FL 32128

Title: ASSE ( ) Delete
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BUSSE-GANDT, ANN
Address: 1867 SPRUCE CREEK BLVD EAST
City-St-Zip: PORT ORANGE, FL 32128 US

Title: DVP (X) Change ( ) Addition
Name: CREASON, WILLIAM M
Address: 100 SILVER FERN COURT
City-St-Zip: PORT ORANGE, FL 32128 US

Title: DST (X) Change ( ) Addition
Name: SADLER, DAWN A
Address: 1865 SILVER FERN COURT
City-St-Zip: PORT ORANGE, FL 32128 US

Title: AST (X) Change ( ) Addition
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128 US

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: BARBARA J. SELWITZ AS 04/20/2009

Electronic Signature of Signing Officer or Director — Date