

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15805

FILED
Jan 14, 2009
Secretary of State

Entity Name: SETTLERS LANDING NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

14101 TOWN LOOP BLVD
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

14101 TOWN LOOP BLVD
ORLANDO, FL 32837 US

New Mailing Address:

14101 TOWN LOOP BLVD
ORLANDO, FL 32837

FEI Number: 59-2864046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, ROBERT L
850 CONCOURSE PARKWAY SOUTH
SUITE 105
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

TAYLOR, ROBERT L
150 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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: _____

Electronic Signature of Registered Agent

01/14/2009

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCOTT, EMOGENE
Address: 2244 STONEMILL DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: DST () Delete
Name: LUHTALA, LAURA
Address: 2447 SETTLERS TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: SEEFRIED, SANDY
Address: 14526 MUSKET FIRE LANE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMOGENE SCOTT

Electronic Signature of Signing Officer or Director

DP

01/14/2009

Date