
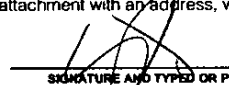


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 039 ****61.25

DOCUMENT # N18427			
1. Entity Name SPRUCE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business SANTA MONICA DR PORT ORANGE, FL 32127 US		Mailing Address 6217 COQUINA CIR PORT ORANGE, FL 32127 US	
2. Principal Place of Business		3. Mailing Address PO. Box 290968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PORT ORANGE, FLORIDA	
Zip		Zip 32129-0968	
Country		Country USA	
4. FEI Number 59-2697648		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ANDERSON, JUDY L 6217 COQUINA CIR PORT ORANGE, FL 32127		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 2006		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 BECKER, WILLIAM J JR 6221 DONNA CIR LCE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → SAME NAME & ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TROST, JOHN 6211 SHORELINE DR. PORT ORANGE, FL 32127 <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	TD ANDERSON, JUDY L 6217 COQUINA CIR PORT ORANGE, FL 32127 <input checked="" 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	SD HALL-PENNEL, PATTI 6181 SHORELINE DR PORT ORANGE, FL 32127 <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	D JENNINGS, LANE 6206 SHORELINE DR PORT ORANGE, FL 32127 <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: 		William J. Becker, Jr. P, T, D. 09/05/06 386-756-0072	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	