
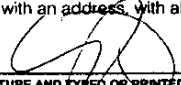


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90188 026 \*\*\*\*61.25

<b>DOCUMENT # N18427</b>					
1. Entity Name SPRUCE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SANTA MONICA DR PORT ORANGE, FL 32127 US			Mailing Address PO BOX 290968 PORT ORANGE, FL 32129 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6206 Shoreline Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PORT ORANGE, FLORIDA		4. FEI Number 59-2697648	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 32127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JUDY L 6217 COQUINA CIR PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKER, WILLIAM J JR		NAME		
STREET ADDRESS	6221 DONNA CIR LCE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PVTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROST, JOHN		NAME	TROST, JOHN	
STREET ADDRESS	6211 SHORELINE DR.		STREET ADDRESS	6211 SHORELINE DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	PORT ORANGE, FL. 32127	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL-PENNEL, PATTI		NAME		
STREET ADDRESS	6181 SHORELINE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JENNINGS, LANE		NAME		
STREET ADDRESS	6206 SHORELINE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> 		William Becken		Jan, 13, 2007 386-756-0072	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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01112007 Chg-NP CR2E037 (12/06)