

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 23, 2007
Secretary of State**

DOCUMENT# N18427

Entity Name: SPRUCE CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**SANTA MONICA DR
PORT ORANGE, FL 32127 US**New Principal Place of Business:****Current Mailing Address:**6206 SHORELINE DRIVE
PORT ORANGE, FL 32127 US**New Mailing Address:**PO BOX 291488
PORT ORANGE, FL 32129 US

FEI Number: 59-2697648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ANDERSON, JUDY L
6217 COQUINA CIR
PORT ORANGE, FL 32127 US**Name and Address of New Registered Agent:**JOHN, TROST
6211 SHORELINE DRIVE
PORT ORANGE, FL 32127 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: JOHN TROST

06/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PVTD () Delete
Name: TROST, JOHN
Address: 6211 SHORELINE DR.
City-St-Zip: PORT ORANGE, FL 32127Title: SD () Delete
Name: HALL-PENNELL, PATTI
Address: 6181 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32127Title: D () Delete
Name: JENNINGS, LANE
Address: 6206 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32127Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: TROST, JOHN
Address: 6211 SHORELINE DR.
City-St-Zip: PORT ORANGE, FL 32127Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TD () Change (X) Addition
Name: DICESARE, JOHN
Address: 6156 SHORELINE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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: JOHN TROST

PD

06/23/2007

Electronic Signature of Signing Officer or Director

Date