

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2009
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:

PO BOX 291488
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-2697648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN, TROST
6211 SHORELINE DRIVE
PORT ORANGE, FL 32127 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: PD () Delete
Name: TROST, JOHN
Address: 6211 SHORELINE DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: SD () Delete
Name: HALL-PENNELL, PATTI
Address: 6181 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D () Delete
Name: JENNINGS, LANE
Address: 6206 SHORELINE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: TD () Delete
Name: DICESARE, JOHN
Address: 6156 SHORELINE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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:

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: JOHN DICESARE

TD

01/17/2009

Electronic Signature of Signing Officer or Director

Date