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1995 MAR -9 AM 6:31
SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32373 (5)
 1. Corporation Name
SPRUCE CREEK SOUTH HOMEOWNERS' ASSOCIATION, INC.

100001426841
 -03/10/95--01092--004
 ***130.00 ***130.00
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 17585 SE 102ND AVE 17585 SE 102ND AVE
 SUMMERFIELD FL 34491 SUMMERFIELD FL 34491
 US US

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
05/18/1989 03/22/1994
 4. FEI Number Applied For
59-2990211 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 ERP, HARVEY D
 17585 SE 102ND AVE
 SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ERP, HARVEY D.
STREET ADDRESS	17585 SE 102ND AVE.
CITY - ST - ZIP	SUMMERFIELD FL
TITLE	D
NAME	ERP, BRENDA J.
STREET ADDRESS	17585 SE 102ND AVE.
CITY - ST - ZIP	SUMMERFIELD FL
TITLE	D
NAME	THOMPSON, JAY A
STREET ADDRESS	17585 SE 102ND AVENUE
CITY - ST - ZIP	SUMMERFIELD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey D. Erp DATE: 2/28/95 PHONE: 904-347-3700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR