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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**

(5)

| SPRUCE CREEK SOUTH HOMEOWNERS' ASSOCIATION, INC. | | | | | | | | | | |
|--|---|--|------------------|---------------|-----------------|--|----------------------|----------------------|-----------------------------|--|
| Principal Place of Business Mailing Address | | | | | | * (\$\$!()\$1 143 17119 11844 (1111 7483) | | TERM BIBIT BIBIT # | (E): 6:6:: (#8: | |
| 17585 SE 102ND AVE 17585 SE 102ND AVE SUMMERFIELD FL 34491 SUMMERFIELD FL 34491-6920 US US | | | | | | | | | | |
| : 05 | | 00 | | | | 3. Date Incorporated or Qualified 05/18/1989 | 3a. D | 03/14/19 | eport 1 96 | |
| 2. Principal Pl | ace of Business | 28. Mailing Address 26 | | | | 4. FEI Number 59-2990211 | | | oplied For of Applicable | |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | •• | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional | |
| City & State | 9 | City & State | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be | |
| 23 | T-0 | 28] | | | | Trust Fund Contribution | | Added 1 | to Fees | |
| Zip 24 | Country 25 | Zip 29 | Gou | ntry | | 8. This corporation has liability for Florida Statutes | intangibli]] Yes | e tax under s. Mo | . 199.032, | |
| [24] | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | B1 Na | me | | | | | |
| DEAN, JONATHAN S | | | | 82 St | reet Addre | ss (P.O. Box Number is Not Acceptate | ole) | | | |
| 203 N.E. EIGHTH AVENUE | | | | | <u>-</u> | <u>'</u> | | | | |
| OCALA | FL 32670 | | | 83 | | | | | | |
| | | | | 84 Ci | ty | | FL | 85 Zip (| Code | |
| 11. Pursuant 1 | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statu | tes, the al | ove-na | med corpo | ration submits this statement for the c | | | s registered | |
| office or re agent. Lac | egistered agent, or both, in the Stat m familiar with, and accept the obli | e of Florida. Such change was pations of, Section 617,0503, Fl | authorize | by the | corporatio | ration submits this statement for the points board of directors. I hereby acceptions | ot the ap | pointment as | registered | |
| SIGNATURE _ | , | • | | | | | | | Į | |
| | Signature, typed or printed name of registered a | | | Agent sig | nature required | d when reinsteling) | DATE | D DIDEOTOE | 20.01.40 | |
| 12, TITLE | D OFFICERS AI | ND DIRECTORS DELETE | 13. | 1 t | | ADDITIONS/CHANGES TO OFFIC | JERS AN | Change | Addition | |
| NAME | ERP, HARVEY D | | 12 N/ | | ł | | | change | | |
| STREET ADDRESS | 7753 S.W. STATE ROAD 20 | Ġ. | | reet adde | ESS | | | | | |
| CITY-ST-ZIP | OCALA FL 32676 | • | | IY-ST-ZIP | . | | | | | |
| TITLE | D DELETE | | | 2.1 TITLE | | | | Change | Addition | |
| NAME | ERP, BRENDA J | | 2.2 N/ | 2.2 NAME | | · | | | | |
| STREET ADDRESS | 7753 S.W. STATE ROAD 20 | 0 | 2.3 S1 | reet addf | RESS | | | | | |
| CITY-ST-ZIP | OCALA FL 32676 | | | TY-ST-ZII | · | | | | | |
| TITLE | D SOO HADVEY H | ☐ DELETE | 3.1 TI | | | | | Change | Addition | |
| NAME | ERP, HARVEY M | ٨ | 3.2 N/ | | | | | | | |
| STREET ADDRESS | 7753 S.W. STATE ROAD 20 OCALA FL 32676 | U | • | REET ADDE | ſ | | | | . } | |
| CITY-ST-ZIP THILE | OCALA FL 32070 | ☐ DELETE | 3.4. C 4.1 Ti | TY • ST - ZIF | ' | | | Change | Addition | |
| NAME | | | 4.2 N | | l | | | | | |
| STREET ADDRESS | | | | REET ADDE | iess | | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | | | |
| TITLE | | DELETE | 5.1 Ti | | | ······································ | | Change | Addition | |
| NAME | | | 5.2 N/ | ME | | | | | ĺ | |
| STREET ADDRESS | | | 5.3 \$1 | REET ADDF | RESS | • | | | | |
| CHY-ST-ZIP | | | | TY-ST-ZiP | | | | | | |
| TITLE | | ☐ DELETE | 6.1 Tr | | | | | ☐ Change | ☐ Addition | |
| NAME | | | 6.2 N/ | | - | • | | | | |
| STREET ADDRESS | | | | reet addf | - 1 | • | | | j | |
| CITY-ST-ZIP | | | 6.4 CI | Y-ST-ZIP | | 0 140 07/0V/) Finide Control | - 18.00 | | | |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED

Mar 28 1997 8:00am

Secretary of State